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ORIGINAL ARTICLES.

SPRAINS:

A Report of Twelve Hundred and Thirty-one Recent Cases Treated by Massage at the Good Samaritan and Eastern Dispensaries.

IN THE SERVICE OF

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DURING the years from 1887 to 1894, inclusive, 3280 cases of sprains have come under the observation of the surgeons connected with the Good Samaritan and Eastern Dispensaries. The distribution of these is shown in the following table. The first column gives the number of cases treated by massage in the hands of Professor Van Arsdale:

Region.	Masséed.	Total cases under observation.
Ankle	487	1153
Wrist	198	641
Thumb and finger	222	586
Elbow	45	178
Muscles	108	145
Shoulder	51	161
Knee	55	146
Toes	6	114
Hip	37	68
Foot	10	49
Back	3	22
Neck	4	8
Clavicle-joint	1	5
Tendon	3	3
Rib-joint	1	1
Totals	1231	3280

This list of cases treated by massage includes every degree of sprain from the slight stretching of the ligaments of a finger or thumb to the severe laceration of all the structures around the ankle, many cases being carried to the dispensary from twenty-four to forty-eight hours after the injury, the limb distended to two or three times its normal dimensions, "black and blue" from extravasated blood, etc., and the patient suffering from excruciating pain.

Most of the patients have been of only an average degree of intelligence, of foreign birth, and not at all likely to carry out strictly any but the most simple directions. It has been customary to demonstrate to them by masséeing the injured member for ten minutes, telling them to do likewise for a half-hour every morning and evening, and insisting on the constant use of the limb. A mixture of equal parts of olive-oil and chloroform was given them as a lubricant.

GENERAL RESULTS.

For several years, having had ample opportunities for observing the results obtained by others, and personally carrying out the splint-and-rest treatment of sprains in several of the largest dispensaries and hospitals in this city, it seems but just that the superior results secured by massage in so large a number of cases, with a lucid description of the *modus operandi*, be placed on record.

The best and quickest results are obtained in those cases in which treatment is begun immediately after the injury, and the sooner after injury massage is begun the shorter the time required for the complete restoration of full strength and vigor to the limb. At the same time neglected cases, or cases in which splints or any other means of immobilization have been used, will respond and give most satisfactory results.

IMMEDIATE EFFECT.

After a few minutes' massage of, say, a sprained ankle, the skin will become less tense, the limb paler, pain diminishes, and, as the rubbing continues, entirely disappears; the patient experiences a sense of ease and comfort that induces him to look forward to the next treatment with pleasure, and often to ask that the rubbing be repeated several times during the day.

In cases seen within about twelve hours after the injury, or before extravasation has occurred, if massage is begun at once, and kept up twice daily, the patient being urged to use the limb a half-hour after the first application, no accumulation of exudate and blood can occur, and the patient, therefore, cannot suffer from pain or loss of function from adhesions. Great stress must be laid on the use of the limb after massage, as the muscular action aids the lymphatic and venous circulation.

When there has been much extravasation, with

marked distention of the skin and consequent pain, it has been necessary in a few cases to use an anesthetic at the first sitting in order that the massage may be thoroughly carried out.

If the method to be described is faithfully carried out, at the end of the first treatment the limb can be moved without pain in any of its normal directions. This fact, with the appreciable relief and sense of comfort, encourages the patient to use the limb.

The time required to achieve a cure may be said to be reduced from weeks to a corresponding number of days. Further than this, there are no "stiffness and sense of weakness and pain" in the joint, so often complained of, but a complete restoration of the normal functions of the limb.

In presenting this subject it is proposed to give:

1. The opinion and results of other workers in this field.
2. The results of experimental evidence.
3. A summary of the pathologic changes in joints following sprains.
4. The physiologic effects of massage as applied to sprains.
5. Van Arsdale's method, described by himself.
6. Indications—use in diagnosis of fractures.
7. Contra-indications.
8. Summary.
9. References.

OPINIONS AND WORK OF OTHERS IN THIS FIELD.

D. Graham[1] asks, "Supposing that any one wanted to make a well joint stiff, to what more effectual means could he resort than to give it first a wrench or sprain, then do it up in a fixed dressing, so that the resulting inflammation would have an opportunity to produce adhesion of tissues?" He further emphatically announces that "the sooner massage is used after a sprain the more speedy is the recovery, and the more quickly are heat, pain, and swelling reduced, and the formation of adhesions prevented. Comfort generally follows the first treatment."

In his monograph on railway injuries H. W. Page[2] has struck the keynote when he says, "I am altogether opposed to the treatment of these spinal sprains by the application of spinal jackets. They merely postpone to another day the treatment which will have to be carried out, and they moreover tend to increase the rigidity and make the ultimate treatment more wearisome and difficult."

In a paper on the "Use and Abuse of Passive Motion," read before the New York Surgical Society, Dr. Henry B. Sands,[3] speaks of the excellent effects from the use of massage and passive motion in recent sprains of mild degree. He further calls attention to the necessity of passive motion to prevent or remove stiffness or pain after one or two weeks' rest and immobilization, and to the liability of a sprained ankle (treated after the latter method) to be followed by a long-continued lameness and pain for a considerable or, it may be, an indefinite period, while in a still smaller number the foundation is laid of serious organic disease. No one who has had to do with many of these cases will question the deplorable truthfulness of these latter statements.

Cabasse[4] says that pain disappears, swelling decreases, and the torn ligaments grow together again better.

Drachmann[5] reports twenty-two cases of joint-disease, mostly cases of synovitis, acute and chronic, healed by massage in an astonishingly short time.

Bergmann[6] reports 145 cases (70 talocrural, 8 tarsal and metatarsal, 10 of the wrist, 6 of the fingers and toes, 5 of the elbows, 2 claviculo-acromial, 3 humero-scapular), and summarizes the results as follows:

	Treated in first 4 days.	Between the 4th and 9th day.	8th day to 3 months.
Necessary to recovery,	12.44 séances.	17.60 séances.	44.68 séances.

It is thus very clearly seen that early massage has a direct relation to the length of treatment required.

In nine bad cases, given in detail, the injury being at the ankle and knee, the patients could walk after the third séance.

Mullier[7] found that while 42 cases of sprains treated by immobilization required a mean of 25.6 days, 37 cases treated by massage required only an average of nine days.

Gassner[8] summarizes his results in a corresponding number of cases, and shows an average of eight days when treated by massage, as compared to twenty-eight days by immobilization.

Treatment.	Ankles. 9 cases.	Knees. 7 cases.	Wrists. 6 cases.	Elbows. 2 cases.
By immobilization . . .	9.9 days	9 days	5 days	9 days
By massage	22 "	37 "	30 "	9 "

This tabulation shows a gain in time of 75 per cent. in favor of massage.

Gottlieb,[9] Johnsen,[10] Billroth,[11] Möller,[12] Nycander,[13] Graham,[14] Zabludowski,[15] Virchow,[16] and Hirsch, all report cases successfully treated in one-fifth the time by massage, and Roux[17] obtained much quicker and better results in sprains and dislocations masséed than by immobilization.

EXPERIMENTS.

Mosengeil injected India-ink into the knee-joint, and in two minutes afterward, during which he used

massage, found the particles in the femoral lymph-nodes.

Massage à friction, says Metzger, presses the extravasations and exudates into the lymph-vessels, and conveys them away from the point of injury into the general circulation; it also accelerates the blood-circulation by subsidizing the venous flow, at the same time producing slight hyperemia of the skin and other parts.

Nothing can better demonstrate the effectiveness of massage in emptying the vessels of an extremity than the method attributed to J. Wolf, of rendering a limb bloodless, before applying the elastic ligature, by elevation, and stroking toward the heart, now so commonly practised by surgeons.

"Lauder Brunton and Tunnicliffe (*Journ. of Phys.*, December, 1894) record the result of some careful observations of the effect of massage on the circulation. The experiments were undertaken in order to determine (1) the changes occurring in the circulation in a given group of muscles during and after massage; (2) the effect of massage of a large muscular area on the general blood-pressure. The experiments were carried out on cats, and the method used was the determination of the amount of blood passing in a given time from the efferent vein. The general results obtained are: (1) that during massage the flow of blood is increased through the muscles; (2) immediately after the cessation of massage an accumulation of blood occurs in the masséed muscles, which is followed by an increased flow through them; (3) massage of a large muscular area causes just a slight rise of blood-pressure followed by a fall which may amount to one-fifth of the initial blood-pressure. Both during and after massage of muscles a lowering of peripheral resistance in the corresponding area takes place, and hence more blood is propelled at each heart-beat from arteries to veins, and a fall of arterial tension ensues. The results are carefully compared with the effects of alternate compression and release of the arteries, and also with the effects of simply firmly grasping the muscles, both of which must be factors in the general result of massage. It was found that in each of these cases a rise and fall of pressure took place, but the effect was more transient. Gentle kneading was found to have more effect in causing a fall of blood-pressure than either compression and release of both external iliac arteries or of the muscles of both thighs."—*Times and Register*, Phila., 1895, vol. xxix, p. 93.

PATHOLOGIC CHANGES IN JOINTS FOLLOWING SPRAINS.

In endeavoring to account for these conditions from a pathologic standpoint I was disappointed in being unable to find any record of actual observations. Most authorities consider themselves justified in describing the anatomic changes occurring in sprains from their knowledge of the structures of the tissues involved and of the general behavior of healthy parts when subjected to traumatism.

Thus sprains are most generally defined as the result of forces that stretch the ligaments reinforcing the joint, the surrounding tendon-sheaths, the fibrous capsule of the joint, and the synovial membrane beyond their physiologic limits, or, in other words, forces that supersede the elastic coefficients of the tissues involved. The direct consequence of this is either partial or complete rupture of one or more of the parts mentioned, ranging from a slight over-distention of a single bit of tissue to the formation of a flail-joint. It is generally conceded, in addition, that at other portions of the joint farthest removed from the point of greatest tension, contusion and undue squeezing of tissues entering into the formation of the joint may occur. In consequence of these direct injuries, besides pain, tumefaction of the joint rapidly develops, due most frequently to intracapsular and extracapsular effusion of blood, and to an intra-articular acute serous exudation from the synovial membrane. In severe cases effusion of blood into the joint occurs, and especially when intra-articular ligaments are torn.

The numerous little tears and lacerations occurring in the ligaments and capsules of the joint and neighboring tendon-sheaths are well distributed throughout the tissues affected. Gussenbauer points out that we must not imagine that the special cells composing the tissues are individually damaged, but that the larger elementary portions of the tissues are torn asunder in a similar manner, in which a microscopic specimen of tissue is teased for examination. It will thus be seen that it is the intercellular substance that gives way, and, although the life and function of the individual cells may thus be jeopardized by being cut off from their natural capillary blood-supply, it is primarily the intercellular rents that engage our attention. These are, of course, at once filled with exudate and extravasation, and immediate emigration of leukocytes and formation of granulation-tissue ensue, with fibroblasts and epithelioid cells, and all the paraphernalia of reparative inflammation, while the injured elements exhibit karyokinesis. What becomes of the effused blood within the joint and between the shreds of tissue? Small effusions of blood are absorbed by the lymphatics, the red blood-corpuscles are either carried away bodily by the leukocytes, or else disintegrate, and are carried off by the lymph-current, and give the lymph-nodes a pigmented appearance. Larger effusions, however, soon undergo coagulation, and subsequently become organized, being invaded by newly formed connective-tissue and bloodvessels. Finally, substitution by connective-tissue results, which persists for a period varying from several months to many years. Very large effusions may become encapsulated and remain *in situ* for an indefinite period. Effusions into the joint-cavity proper, if not interfered with,

probably do not coagulate quite so readily as elsewhere; but the fluid portions are eventually absorbed by the synovial membrane (not by the cartilage). After coagulation has occurred (which, according to Riedel, may take place after twenty-four hours; according to Volkmann, after two or three or more days) the same organization of coagulum may be observed within the joint as elsewhere. Effusions under the periosteum readily undergo osseous transformation. It will be readily seen from this description that the effusions of blood, both in the lacerated tissues and in and around the joint, do nothing else than interfere with the rapid progress of repair.

Although the effusion of blood in itself is only painful inasmuch as it causes undue tension, yet it is the cause of violent pain whenever any active movement is undertaken, and effectually prevents such movements from being carried out that might, of themselves, hasten the absorption of extravasations by improving the velocity of the lymph-current. The organization of the blood-clots, indeed, leads to the establishment of a definitive barrier to normal movement in the joints and in the tendon-sheaths.

On the other hand, the presence of a blood-clot in a partially ruptured portion of tissue does not in any way hasten the process of repair, for this is carried on by fibroblasts and karyokinesis in a much quicker and neater manner. In fact, the proper method of hastening repair would be to stimulate the circulation of the parts.

PHYSIOLOGIC EFFECT OF MASSAGE AS APPLIED TO SPRAINS.

If now we compare the physiologic effects of massage with the requirements and indications given by the pathologic conditions found in sprains, we must admit that the treatment by massage appears much better adapted to the circumstances than the older methods of rest and protection. The purely mechanic effects of massage consist in the expulsion and exportation of exudates and extravasations from the tissues, while the secondary effects embrace the stimulation of the circulation (as well as of the muscle-fibers and nerve-elements) and the production of molecular changes leading to alteration of sensation and the process of nutrition. These statements are made in regard to massage practised very soon or immediately after the injury. That massage is of the greatest benefit at a later date for combating stiffness, or ankylosis, or pain, in diminishing the products of a too-extensive inflammation or organization of exudates, and in breaking up vegetations, as well as improving the functions of degenerate muscle-fibers and nerve-fibers, is generally admitted by all, and need not here be specially dwelt upon.

VAN ARSDALE'S METHOD AS DESCRIBED BY HIMSELF.

In treating a sprained ankle by massage it is convenient to have the patient lie at full length on a rather low table (from 18 to 24 inches high) upon his back with his head on a pillow, or upon his abdomen, with the flexors of the leg relaxed. The limb should be bared to well above the knee, and no constricting garments should be permitted to interfere with the circulation in the thigh. Examination of the injured joint having been made, the circumference of the limb and the extent of motility noted, the entire foot and leg are next moistened with chloroform-oil uniformly applied by means of gentle rubbing over the entire surface. The gentle touch thus first brought to bear upon the parts has the advantage of reassuring the patient. In applying the emollient care must be taken to arrive at a "happy mean," as too little will result in friction, which will irritate the skin and increase the discomfort of the patient, while an excess causes the hand to slip over the surface, and results in an unnecessary waste of strength, an early fatigue on the part of the *masseur*, without accomplishing the desired effect.

Beginning well above the tender or swollen portions of the limb gentle, systematic, upward strokes are carried well above the knee. These first strokes are made with the pulp of the fingers, both hands being used and held parallel with the leg. At first the sides of the leg are attacked, one with each hand; but soon more of the palmar surface of the fingers are brought into contact with the skin of the patient and gradually surrounds the whole circumference of the leg, each stroke being long and slow (not more than thirty to the minute). As the force of the pressure is gradually increased, the pulp of the thumb is brought into play, and the right hand supersedes the other in force and activity until it will become necessary to grasp the lower part of the heel or metatarsals and make counter-traction in order to steady the limb and permit of a greater development of force.

When the leg, by a change of color from blue to white, shows evidence of depletion of venous blood and lymph, the strokes may begin lower down and more directly over the seat of injury, always being carried upward with the pressure exercised by the fingers—delicate, at first, but with ever-increasing intensity, with the thumb of one hand only, while the other hand steadies the foot in the most convenient position.

The tissues, which were hard and resistant to the touch at first, soon become softer and more elastic, and with this the pain at first experienced by the patient grows gradually less and his confidence in the operation increases.

From time to time, whenever the superficial veins of the leg that were first emptied appear engorged

or swollen, it is considered imperative to continue the strokes upward to above the knee, and repeat the massage of the upper leg in order to evacuate the newly imported supply of blood and lymph well into the vessels of the thigh, and, as it were, "drive the fluids home." In like manner the toes and the portions below the place of injury are visited and their tissues also are emptied of the stagnant fluids.

The region around the ankle is now considerably smaller, paler, and softer than at first, and the thumb, keeping up the upward stroking all the time, and moving with an independent action against the fingers placed opposite to it on the limb, busies itself finding out the special points around the joint where more marked hardness and stiffness may be felt, and in diving down between the bony projections and tendon-sheaths, while it glides more lightly over the prominences and ridges of bone. The well-trained thumb is very quick at discovering the points of special soreness, even without the help of the patient's subjective sensations, and will make them special points of attack. When fatigue is experienced the hands are changed and the work carried on with the left.

Toward the end of the séance, which must be indicated by the patient's sensations and condition, the strokes are made to grow gradually more gentle again, and, becoming longer, extend from the foot well up to the knee, more closely resembling those described by some authors as *effleurage*. This procedure always gives the patient a sensation of pleasure and relief, and when the séance is ended he should be entirely free from pain, at least for a time. If he is not, it is a sign that the massage has not been properly applied.

The secondary measurements may be now taken, and if passive motion of the affected joints is considered advantageous this may now be carried out a limited number of times.

The remaining oil may now be wiped from the skin with a dry towel.

A mixture of equal parts ol. hyoscyami coct. (Ph. G.) and pure chloroform has proved the most serviceable lubricant. Rancid oil and impure chloroform should be avoided on account of the disagreeable odor and the resultant dermatitis.

The results obtained have demonstrated the truthfulness of the claims of others, and have shown that the earlier the massage is begun the shorter the time necessary for recovery.

Massage the limb twice daily, morning and afternoon, for half an hour at a time. After massage rest the joint for half an hour, and then permit the use of the limb in walking. Elevation of the leg between séances is always advisable. Moist warmth is useless.

INDICATIONS.

Massage is indicated in subcutaneous hemorrhage (hematoma), traumatic joint-inflammations, recent or of long standing, and other late forms of inflammation, such as that from rheumatism, etc.

Fractures at the ankle are not jeopardized by very early massage, but whether or not massage later on (during the first week) is harmful all are not agreed.

Immediate massage, on the contrary (if need be, under anesthesia), permits of a better diagnosis, and in cases with great swelling hastens the union of fragments by removing the blood and exudation between them. If fracture is made out, the massage is not to be repeated.

CONTRA-INDICATIONS.

Massage should never be applied in bacterial inflammations, *i. e.*, tuberculous, gonorrheal, or pyemic joints.

SUMMARY.

It is believed that the foregoing statements substantiate the following claims, viz., that massage of sprained joints will

1. Prevent swelling, or rapidly disperse it if present.

2. Prevent pain, or quickly remove it when due, as it must be, to tension.

3. Prevent stiffness, or overcome it when already present from disuse.

4. Prevent the sense of weakness and restore the part to its original vigor and strength.

5. Reduce the time of treatment from *weeks* to a corresponding number of *days*.

6. Permit the immediate use of the injured member.

I wish to acknowledge my indebtedness to Professor Van Arsdale for his courtesy in allowing me during the past three years to assist at the Good Samaritan Dispensary, and to compare the methods and results of treating sprains.

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STRICTURE OF THE URETHRA IN WOMEN.

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STRICTURE of the urethra is an affection that is met much less frequently in women than in men. So far about sixty cases have been reported since 1824, when Lisfranc first drew attention to this condition. The facts that this affection is more easily remedied in women, and that in them the slighter forms are apt to pass unnoticed or neglected, render it probable that, had all such cases been reported, their number would have been considerably augmented. The most frequent cause of stricture of the female urethra is gonorrheal urethritis. In these cases the formation of the stricture, as a rule, takes place more slowly than when due to other causes, the symptoms appearing on an average about the eighth year after the onset of the gonorrhea. In some cases, however, stenosis appeared as early as the end of the first year, while in rare cases it may be delayed till the twentieth year. Van de Warker and Genouville believe that, contrary to the statement of Ricord and Reybard et Fissiaux, stenosis of the urethra is followed by symptoms of dysuria more rapidly in women than in men. Genouville explains this by the fact that the female bladder is less muscular and more distensible than that of the male, and, consequently, its functions will be more easily interfered with by any obstruction in the urethra. Strictures following gonorrhea constitute about one-third of all the reported cases, the average age of these patients being about thirty-nine years. Injuries during labor and puerperal inflammatory processes involving the urethro-vaginal septum, and resulting in the formation of cicatricial bands, may cause constriction of the urethral canal. Scanzoni has reported a case in which such a stricture resulted from a gangrenous colpitis following a forceps-delivery. Neoplasms of the urethral walls may obstruct the lumen of the urethra, as in David's case (*Gaz. des Hôp.*, 1870, lxxiii).

Stricture resulting from a urethral chancre is rare, but cases have been reported by Scanzoni, Velpeau, and Larcher. Two such cases came under my notice at the Rotunda Lying-in Hospital. In both the site of the stricture was immediately inside the meatus externus.

Two cases of congenital stenosis have been reported, one by Blum and the second by Fissiaux. In both the urachus persisted, and the urine oozed from the still patent umbilicus.

Senile contraction has also been cited as a cause by Herman. I have seen one case in which a marked stenosis of the meatus externus existed in a patient who had suffered for some time from the disease described by Breisky as kraurosis vulvæ.

When a vesico-vaginal fistula has existed for a considerable time the urethra may become greatly contracted from disuse (Skene) or from having been involved by the inflammatory processes at the time of the formation of the fistula. Too extensive application of any form of cauterization will also produce cicatricial narrowing of the urethra.

Most frequently the stricture is situated in the anterior third of the urethra, usually at or near the meatus externus. In rare cases several strictures may co-exist.

The symptoms of urethral stenosis are difficulty in micturition, with or without pain; gradually, as the stenosis becomes more marked, the stream of urine becomes less in volume, till it is voided only drop by drop; or, eventually, complete retention takes place. Should cystitis also be present, we find frequent desire to urinate, vesical tenesmus, the passage of pus and perhaps of blood in the urine. Owing to the resistance that it has to overcome, the bladder-wall becomes hypertrophied. Scanzoni has drawn attention to this condition and the effect which it produces on the internal genital organs. He has seen prolapse of the anterior vaginal wall result from it. Two cases of rupture of the bladder from over-distention, due to this cause, have been recorded. As in the male, here, too, cystitis, followed by ascending ureteritis and pyelo-nephritis, may set in and result in a fatal termination.

As a rule, the diagnosis is easy, the stricture being situated, in the majority of cases, in the anterior third of the urethra. On passing a sound along the urethra and following its course with the index-finger in the vagina an induration can usually be detected at the point where the sound is arrested. In this way, also, any cicatricial bands in the vagina which may be compressing the urethra can be palpated. A careful examination will exclude retention from pressure by neoplasms in the urethral walls or in the pelvis, retroversion of the gravid uterus, hematocele, etc.

The urine should be carefully examined so as to exclude cases in which the frequency of micturition and hindrance to the entry of the sound into the bladder arise from the presence of cystitis.

Calculus can be eliminated from the diagnosis by a careful bimanual examination of the bladder, combined with cystoscopy or sounding.

In most cases gradual dilatation performed every two or three days with Simon's urethral specula or Hegar's dilators will bring about a cure. Care should be taken to lacerate the urethral mucous membrane as little as possible in carrying out the dilatation. Should this prove ineffectual, external or internal

urethrotomy may be performed. When the stricture is situated in the anterior part of the urethra, close to the meatus, complete division of the stricture and the urethro-vaginal septum may be performed, and the urethral mucous membrane stitched to the vaginal mucous membrane, thus transforming the two passages from the seat of the stricture to the meatus into one canal. Should cicatrices exist in the vagina they should be divided or excised. When there is much periurethral thickening vaginal douches of warm sublimate-solution and tampons of iodoform-gauze saturated with a solution of ichthyol and glycerol (10 per cent.) may be employed to assist in reducing it. When the obstruction is due to the presence of a new growth this should be removed. To perform internal urethrotomy Winckel advises that the urethra should be dilated till the seat of the stricture will admit the finger. A knife is then passed in with the blade held flat against the finger; after passing it through the seat of the stricture the cutting-edge of the knife is turned and pressed against the cicatrix, so as to divide it completely during the withdrawal of the blade. Should any excessive hemorrhage occur a large urethral bougie may be introduced and left in situ, so as to compress the bleeding point. The dilatation should afterward be maintained by the use of bougies if there is any tendency for the stricture to recur. In all cases the patient should be taught to introduce the bougie herself, and warned to return at once for treatment should any difficulty in micturition reappear. Resection of the strictured portion of the urethra after the method employed by Jouon in the male (*Sem. Méd.*, May 14, 1892) may be performed in cases in which the foregoing methods fail. The cut surfaces are united by fine catgut sutures. I have employed this procedure with good result in a case of traumatic stricture situated in the middle third of the urethra. Electrolysis has been successfully used by Newman and Fissiaux in their cases. Though good results have occasionally been obtained by rapid forcible dilatation, it should be discarded, as it may lead to persistent incontinence, and has no advantage over gradual dilatation. Verneuil lost one case treated by this method. Probably, however, with the recent advantages of asepsis any danger as regards the life of the patient can be altogether obviated. In cases in which, with narrowing of the urethra, there is also present a vesico-vaginal fistula the former condition should be attended to before attempting to close the fistula.

The Mitchell District Medical Society will hold its next meeting at West Baden, Orange County, Indiana, on July 5 and 6, 1895. An interesting program is in course of preparation.

CLINICAL MEMORANDA.

A CASE OF ACUTE DIFFUSE SCLERODERMA OCCURRING IN A CHILD TWO YEARS AND THREE MONTHS OF AGE; MARKED IMPROVEMENT FOLLOWING THE ADMINISTRATION OF DESICCATED THYROID GLAND.

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On January 21, 1895, W. M., a male child, two years and three months of age, was first brought to my notice. His complaints, according to his mother, were of hardening and thickening of the skin, particularly that of the face, forearms, and hands, together with a marked coldness of the affected areas. The father and mother are both living and in good health. This child has two living brothers and two living sisters, all of whom are now well and have always been healthy. There are no brothers or sisters dead, and there is no history of family predisposition on either side.

This child was carried to term, and his birth was perfectly normal. He enjoyed good health from his birth, never having been ill a day until about October 31, 1894, when he was taken with what a local physician diagnosticated diphtheria. This proved to be a severe attack, attended by symptoms of systemic poisoning, but not by those of croup. However, he recovered and appeared to be entirely well for about one week, when quite suddenly he could not walk. For a few days he remained completely paralyzed in his lower extremities. Gradually he recovered the use of his legs, so that about ten days from the inception of his paralysis he could walk well.

The history of his present illness begins one week after regaining the use of his legs. One day, about December 1, 1894, while giving the child a bath, his mother noticed that his face and hands were becoming cold, hard, and stiff. The child did not act as if ill, but this condition of his skin continued to increase, spreading from the face to the scalp, and downward to the neck and on to the shoulders and back. During the preceding two weeks it had not extended any further. The previous attendant being consulted pronounced the disease "dropsy," and evidently regarded it as being due to post-diphtheric nephritis.

At this time the child apparently felt perfectly well. He played heartily, ate and slept well; evacuation of the bowels and urination were normal. He cried but little, and when he did the tears were scanty and soon ceased to flow. Mentally he was very active and quick, and seemed to keep himself busy about something all the time. He was, perhaps, a little more irritable than usual, but even this was doubtful. Previous to his illness he could say "Papa" and "Mamma," "Yes" and "No" distinctly. Now he had substituted "Bap" for papa, and the only other syllable that he spoke was "Yep." He could laugh and cry, but the expression came almost entirely from the action of the *orbicularis oris* and the *orbicularis palpebrarum*. He was said to have had a very thin, white skin before his present sickness began. Since his illness he had never been seen to sweat. He was a blond child,

with long, silky, golden hair, the nutrition of which was not in any way impaired. He had brown eyes, which were active and intelligent. There was no apparent involvement of the lips or tongue. The skin of the face and hands appeared at times quite natural, and then again a pinkish flush passed over it, which soon gave place to a yellowish, muddy hue. There was no pigmentation on any part of the body. On the dorsum of the forearms there was a slight tendency to a desquamative exfoliation. The pulse was 108 at the wrist and the temperature 98° taken in the axilla. The skin of the face, neck, forearms, and of the external aspect of the thighs was thickened, cold to the touch, not movable, and smooth. The skin on the rest of the body could be felt to be involved in the process, but not to so great an extent as that in the situations mentioned. It did not pit on pressure, and felt more to the hand like carved marble than like living flesh. The legs and feet were the least involved of any part of the body. Over the shoulder-blades there was considerable thickening, and here the vocal fremitus was markedly increased without any pulmonary condition to produce it. The electric reactions and the examination of the blood were not satisfactory on account of the refractoriness of the child. The lungs, heart, and abdominal organs were normal; the thyroid gland was not enlarged; the urine had a specific gravity of 1020, and contained neither albumin nor sugar.

The diagnosis made was acute diffuse scleroderma, and as to treatment, one grain of desiccated thyroid gland of the sheep each night at bedtime was ordered.

On January 24th the patient, having taken three doses of the thyroid preparation, became very feverish and stupid. This condition lasted all day, and was unaccompanied by cough, vomiting, diarrhea, or throat-symptoms. The next day the fever disappeared, and the child was as usual, excepting that the surface of the body did not feel cold.

On January 28th it seemed both to the parents and to myself that the hands and forearms were warmer and that the skin of the face was less hard. The specific gravity of the urine was 1020, and this contained no abnormal constituent.

On February 7th the hardened areas were softer and the animal heat of the child was normal.

On February 26th the skin was much softer and the speech was clearer and more distinct. The temperature was normal all the time. The mother said that the skin was quite hard in the morning when the child first got up, but that it rapidly softened until noon, after which hour it remained about the same during the remainder of the day.

On March 1st, at 1 P.M., he was noticed by his mother to have high fever, cough, and rapid breathing. He had now bronchial râles in the lower lobe of the right lung. The pulse was 112, the breathing 40, and the temperature in the axilla 98°. The skin was very much softer, and that of the hands and face was beginning to show a fine wrinkling.

On March 3d the child was as usual.

On March 4th he sweat for the first time. The skin of the forehead could be seen thrown into slight folds when he scowled. One very marked change had occurred in the child's disposition since he had been using the thyroid. He had become very vicious and ugly. He would bite and strike his mother, and was frequently in a frenzied rage, throwing or biting anything within reach. He had become the terror of the household, seeming to be entirely reckless of all consequences when he was crossed. His intellect was intact. The condition was not one of mania, but of downright viciousness.

On March 15th the hardness had entirely left the thighs, and the arms and hands were but slightly thickened. The face was still somewhat hard. There was no longer increase in the hardness after sleeping, and he perspired upon exertion in a natural manner.

There are two points in this case for which I have found no authority. The first is the presence of an increased vocal fremitus over the areas of thickened skin situated on the chest. This is easily explained in that we have a more rigid chest-wall, which, like a tense diaphragm, receives and responds to the sound-waves more readily than the normal chest-wall. The second point is the use of the desiccated thyroid gland. This mode of treatment was suggested to me by the similarity of this disease to myxedema and the known efficacy of this medicament in the latter affection. The fever that occurred to my patient after taking three doses of the drug is, to my mind, of the nature of the reaction which has been observed to occur in cases of myxedema when it has been administered. Whilst the child is not entirely cured, his condition is so much improved in so short a time that I feel confident that we possess in this desiccated thyroid a remedy of value for acute diffuse cases of scleroderma.

The literature of this disease is meager and unsatisfactory. The disease may be defined as a thickened, hardened, indurated, or hide-bound condition of the skin, which may be either circumscribed or diffuse, acute or chronic. In the household of diseases it is related clinically to myxedema and morphea, and pathologically to capillary fibrosis. The disease is rare, more so in its acute than in its chronic variety; it is less common in children than in adults, in males than in females.

As regards the acute diffuse form, little is known of its etiology. Graham, in his article in Keating's *Encyclopedia*, refers to two cases that occurred in girls of twenty years of age, and had been preceded by pneumonia. Likewise Osler reported to the American Pediatric Society at its meeting in 1893 a case in a child fourteen months of age, that had a coexisting croupous pneumonia. The scleroderma started on the eighth day of the pneumonia, and in twenty-four hours had involved the entire body, with the exception of the genitals and scalp. The following day the child died. Dr. J. E. Graham, of Toronto, has reported two cases that would seem to establish a relationship between this disease and rheumatism. The first case followed an attack of rheumatism, and the other occurred in a patient who presented a history of hereditary rheumatism. Pepper has reported two cases that seemed to be due to exposure to cold. In my own case it is plain that the attack of diphtheria stands in a causative relation. I think, therefore, that we are justified in saying that the disease is frequently preceded by pneumonia, rheumatism, diphtheria, or exposure to cold.

When we take up a consideration of the pathology of the disease we find that it is only during the last four or five years that autopsies have been reported that are at

all complete or reliable. Both of Pepper's cases were followed to the autopsy-table. The distinctive condition found was a connective-tissue hyperplasia, most marked in the layers of the derma and superficial fasciæ, and also a general tendency to connective-tissue over-growth throughout the body, especially in the splenic capsule. In addition Dinkler (*Deutsches Archiv für klinische Medicine*) has pointed out that the hyperplasia is not confined to the skin alone, but also involves more or less of the vascular tissues of the body. It would seem, therefore, that this disease should be classed among the general diseases rather than among those local to any one organ.

The diagnosis of scleroderma is easy. It might be confounded with myxedema, edema, morphea, carcinoma *en cuirasse*, and eczema of the palms. In myxedema the onset is gradual. There is always thickening of the lips, tongue, and bridge of the nose. The edema, or rather hardening, is not influenced by gravity. There is no pitting on pressure. The temperature is subnormal, the skin is dry and desquamating, and the nutrition of the hair is interfered with. The intellect is torpid, gradually tending toward dementia. The urine is diminished in quantity and sometimes contains a small amount of albumin. In edema there is no especial thickening of the lips, tongue, or nose. The swelling is influenced by gravity and pits on pressure. The temperature is normal or increased. The skin is moist and the intellect, unless the patient is comatose, is intact. The urine is of high or low specific gravity and contains albumin and casts, and sometimes blood if the edema is of renal origin. Morphea is a circumscribed scleroderma, which in the beginning has a limiting margin of hyperemia about it, and the area affected becomes white, proceeding to atrophy. Carcinoma *en cuirasse* usually starts from the breast and is hyperemic, later becoming ulcerated. It also rapidly develops the carcinomatous cachexia. Eczema of the palms is of a horny consistency, the hardening affecting the palms of the hands, which are the last parts to become affected in the other diseases mentioned, and it is usually attended by itching.

Of scleroderma the prognosis is very uncertain. The acute form is sometimes recovered from; the chronic seldom, or never. The acute form sometimes kills rapidly, as in Osler's case death ensued in forty-eight hours. On the other hand, the disease, after lasting from six months to one year, subsides, leaving the skin in its previous condition of health. In the acute form about as many die as recover, yet, as Dr. John Dunn, of Richmond, in reporting a case of the chronic form, has remarked, when it does resolve or begin to improve it does not relapse.

Various treatments have been advised. Almost all advocate general tonics, as cod-liver oil, etc., together with warm baths and inunctions of oil, but every one seems to have a very indefinite idea of why he advises this or that. Dr. Brocq, in the *Gazette des Hôpitaux*, relates a case of circumscribed scleroderma which was very much improved by electrolysis. From ten to fifteen milliampères were used in the treatment, but I have great doubts as to the electrolytic power of a current of this resistance when applied to pathologic conditions. Dr. J. Friedländer relates a case in which he effected a cure by baths, inunctions of oil, massage, etc.; but, as the disease had been present for six months before treatment was instituted, and as it took an additional six months to complete the cure, I attribute the recovery in this case more to *vis medicatrix naturæ* than to Dr. Friedländer's efforts.

A CASE OF ACUTE EDEMA OF THE LARYNX IN WHICH RECOVERY FOLLOWED TRACHEOTOMY.[1]

By H. R. WHARTON, M.D.,
of Philadelphia;
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On the evening of December 28, 1894, I saw, in consultation with Drs. J. J. Black and R. R. Tybout, of New Castle, Del., J. S., twenty-five years old, who was first seen by Dr. Tybout on the evening of December 27th, when he complained of some soreness of the throat. When Dr. Tybout first saw him he stated that the man had a temperature of 101°, the respirations numbering 20 to the minute, and upon inspection of the throat he found some inflammation of the tonsils and some injection of the veins of the pharynx; the patient also complained of slight difficulty in breathing. Dr. Tybout was called to see the patient again early next morning, and found him sitting up, very restless and presenting marked symptoms of dyspnea. An examination of the throat at this time showed some inflammation of the tonsils and a swollen edematous condition of the epiglottis. The dyspnea persisted through the day, was occasionally much aggravated, and there was at times an expectoration of muco-purulent matter, and by evening cyanosis of the face was well marked.

When I saw the patient on the evening of December 28th, about 11 o'clock, I found him sitting in a chair, presenting marked symptoms of dyspnea; his expression was anxious, the voice was suppressed, respiration was noisy, due to rattling of secretion in the trachea; the face was cyanosed, and there was occasionally expectorated, with great difficulty, a thick, gelatinous muco-purulent secretion; there was dulness over the posterior portion of both lungs, and auscultation showed that air entered the lungs, but the respiratory sounds were obscured on account of the transmission of the sounds from the trachea. The patient's temperature was 101° and the pulse was 130. Upon examination of the throat I found the tonsils moderately swollen and the pharynx injected; the epiglottis was very much swollen and edematous, presenting a tumor of the size and shape of a horse-chestnut, its cartilaginous outline being entirely masked by the swelling. A mouth-gag was introduced and the epiglottis was freely incised. This procedure was followed by the escape of a considerable quantity of dark-colored blood, and there was coughed up a quantity of thick blood-stained muco-purulent matter. The man experienced marked relief from his dyspnea after the incisions had been made, and, after waiting for half an hour, the epiglottis was again incised, and upon examination it was found that swelling of the epiglottis had diminished so much that the cartilaginous outline could be felt with the finger. After waiting for an hour it was

[1] Read before the College of Physicians of Philadelphia, April 3, 1895.

noticed that the dyspnea was again becoming more marked and the cyanosis was also increasing. The temperature at this time was 101°, the pulse 140. After consultation with Dr. Black and Dr. Tybout it was decided that it would be wiser to open the trachea, and the patient was placed upon a bed and a few drops of a 2 per cent. solution of cocain were injected into the cellular tissue of the neck over the lower portion of the trachea; the trachea was then exposed and opened below the isthmus of the thyroid gland, and a No. 5 tracheotomy-tube was introduced. As soon as the trachea had been opened the patient expectorated through the wound a large quantity of blood-stained muco-purulent matter, the blood-staining being evidently due to leakage from the previous incisions in the epiglottis; this secretion was so thick that it lodged in the inner canula of the tracheotomy-tube, and to clear this it was necessary to remove the inner tube and use a feather. The patient's dyspnea was entirely relieved on the introduction of the tracheotomy-tube, and he breathed quite comfortably so long as the tube was kept free from the secretion and he was able to rest in the recumbent posture. Breathing was comfortably carried on after the operation, and, although the man was quite ill for forty-eight hours, and continued to cough up large quantities of muco-purulent matter, after this time he improved rapidly.

After the operation the case was most judiciously treated by Drs. Black and Tybout, the treatment consisting largely in the use of strychnin hypodermically, quinin and stimulants. I saw the patient again at the expiration of a week, and at that time the temperature was normal and the pulse 80. The profuse expectoration through the tube had ceased, and there was then only a moderate amount of glairy tracheal mucus coughed up. At this time I changed the tracheal tube and introduced a new one, and after this Dr. Tybout changed the tube again in a few hours, as it was not so comfortable as the previous tube. The tracheotomy-tube was finally removed on the nineteenth day, and the wound was healed four weeks after the operation.

Edema of the glottis is a term that the older writers employed to designate a disease characterized by a serous infiltration of the submucous tissue of the larynx. The condition is probably better named by modern writers as acute edematous laryngitis, phlegmonous laryngitis, or acute edema of the larynx. Mackenzie attributes this form of disease to septic influences, and Massie and Fasano believe that these cases are really examples of erysipelas of the larynx, claiming that the presence of Fehleisen's micrococcus has actually been demonstrated in this condition. Acute edema of the larynx may occur as an apparently primary affection, or may follow an attack of acute pharyngitis or tonsillitis, but rarely follows acute catarrhal laryngitis, and the affection seldom terminates in the formation of an abscess. Sestier found in 158 cases of edema of the larynx that 36 were primary and 122 were secondary. The occurrence of edema of the larynx quite independently of any inflammatory process has been pointed out by Ziemssen;[1] it is likely to occur as a result of general dropsy from disease of the kidneys, heart, or lungs, or from circumscribed obstruction of the laryngeal veins through compression of the superior or inferior thyroid veins, the facial veins, inferior jugular or innominate veins; by swelling of the lymphatic or salivary glands, enlargement of the thyroid gland, new growths in the neck or aneurisms. Acute edema of the larynx may also have a traumatic origin, and may arise from the inhalation of hot air or steam, or the swallowing of irritant poisons or caustics, such as strong ammonia or concentrated lye. The affection is rarely seen in children, unless it be of traumatic origin, and it is more frequently seen in men than in women. Acute edema of the larynx seems more liable to occur in persons whose general health is below par, upon exposure to cold and dampness. In the case I have reported the patient was in good health previous to the attack, but had been exposed to cold, and the development of the edema of the larynx was preceded by tonsillitis and pharyngitis of moderate severity. Lennox Browne states that edema of the epiglottis is especially marked when laryngeal inflammation follows a pharyngitis. The edema is not confined to the connective tissues of the supraglottic region, but in many cases extends downward and causes infiltration of the submucosa below the vocal bands, a fact that explains why temporary relief of the dyspnea is often obtained by scarifying the epiglottis and vocal bands, and dyspnea later develops, which requires further operative treatment for its relief.

The symptoms of edema of the glottis are suppression of the voice, stridulous respiration, the difficulty being at first most marked in inspiration; later the expiratory act is also embarrassed, cough is present, and is usually unaccompanied by expectoration, and is often painful; deglutition is difficult and painful. In addition to these symptoms when the affection is well developed the patient is restless and cannot remain any considerable time in the recumbent posture, sits up or walks about; the extraordinary muscles of respiration are brought into play, the lips become cyanosed, the eyeballs become prominent, and the patient exhibits a most anxious expression of countenance, presenting all the symptoms that the Germans well describe as those of "air-hunger," so familiar to those who see urgent cases of obstructive dyspnea. In mild cases of edema of the larynx the use of saline cathartics is indicated, and Lennox Browne recommends highly the use of pilocarpin hypodermically in doses of from $\frac{1}{12}$ to $\frac{1}{4}$ of a grain, and the inhalation of warm vapors. As soon as the edema is well developed scarification of the edematous tissue should be practised, and should be repeated if, after temporary relief, the dyspnea returns. The pilocarpin-injections and the inhalation of warm vapors should also be employed after the scarification has been practised. If, after repeated scarifications, dyspnea is still present, tracheotomy should be promptly resorted to, and the trachea should be opened at as low a point as possible, for the edematous process may involve the mucous membrane of the upper portion of the trachea; the relief of the dyspnea after tracheotomy is usually complete.

I am not aware that intubation of the larynx has been practised to any extent for the relief of dyspnea in cases of acute edema of the larynx. In cases in which the epiglottis is much involved I do not think that the intubation-tube would be of any service, but its introduction might be of use in cases of subglottic edema.

The treatment of cases after tracheotomy has been

[1] Cyclopedia of Medicine, vol. vii, 1876–77.

performed consists in keeping the patient in a warm room, the air of which is rendered moist by the use of a steam spray, and the tracheotomy-tube should be kept thoroughly cleansed. If the patient does well, the tracheotomy-tube can usually be dispensed with at the end of ten days or two weeks.

The prognosis, as might be expected, is more favorable in cases of acute primary edema of the larynx than in cases of secondary edema. Sestiér[1] reports 213 cases, both acute and secondary, 158 of which were fatal. Gross reports 132 cases of edema of the larynx, in which ordinary treatment was resorted to, of which 104 terminated fatally; 36 cases were subjected to tracheotomy, and 13 recovered and 23 died.

SYRINGOMYELIA WITH MARKED UNILATERAL ATROPHY.

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AN unusual form of a rare disease justifies me in putting the following case on record. The patient presented himself at the Neurological Department of the Jefferson Medical College Hospital, and it is through the courtesy of Professor Dercum that I report the case.

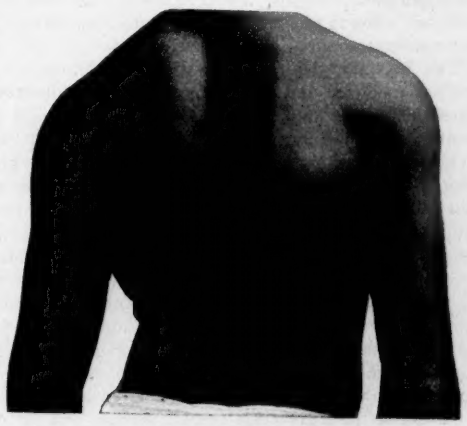
L. P., aged sixteen years, colored, with a negative family history, by occupation an errand-boy, claims to have enjoyed good health until six years ago, when he noticed a "sore" developing on one of the fingers of his right hand. This continued for several months, a few pieces

of bone coming away. He asserts positively that it was never accompanied by pain. Soon after this another "sore" developed on the ulnar side of the right arm above the wrist, the size of a twenty-five-cent piece. This healed after about three months' time. Soon after this he noticed weakness in the grasp of the right hand, followed by weakness of the entire right arm. At no time had he any pain in the arm, the only sensation experienced being described as a "dead feeling." He also noticed that the arm had grown smaller.

The boy is rather below the average height for one of his years. He is, however, well nourished and mentally quite bright. Both arms seem unusually long. There is a dry, scaly condition of the skin on the outer aspect of the right arm, extending from the back of the wrist up to the elbow. It is noticed at once that the muscles of the forearm and hand are much atrophied. Wasting, less marked, is also noticed in the upper arm. There is, in addition, a marked difference in the size of the muscles of the two halves of the trunk, the right being the smaller. This is especially evident in the muscles of the lower dorsal and lumbar regions of the back, which are much atrophied. In consequence of this atrophy there is a marked scoliosis, the curvature being toward the right.

The muscles on the left side are not only of normal size, but seem excessive in development. The muscles of the right leg and thigh also present evidences of atrophy. Tactile sensibility is everywhere preserved; the thermal sense, however, is markedly impaired or lost in the atrophic regions, and this is particularly the case at the tips of the fingers on the dorsal and palmar surfaces of the hand, and on both anterior and posterior aspects of the forearm halfway to the elbow. Over the upper arm, the right side of the chest, and the right thigh the thermal sense is diminished, but not lost. There is also loss of pain-sense in these areas, but this is less pronounced than the thermal loss—*i. e.*, it is less extensive in distribution.

Response of the muscles to the galvanic and faradic currents is diminished, especially in the thenar and hypothenar eminences. There are no reactions of degeneration. There is a slight tremor of the right hand. Fibrillary contractions, however, are absent. The patellar tendon-reflexes are absent on both sides. Scars at the sites of the sores described by the patient can be distinctly seen. Other examinations, including that of the eye, proved negative.



Cases of syringomyelia are not so unusual as to make it necessary to report every case in which the diagnosis is made. However, in the present instance the symp-

[1] Sestiér, Traité de l'angine laryngée édémateuse.

toms are confined entirely to one-half of the body, and the lesion in the cord must be unilateral. This fact is certainly remarkable, and must influence our conceptions of this interesting disease. The occurrence of painless whitlows early in the history of the case is also of great significance. It is a fact pointing to the identity of syringomyelia and Morvan's disease.

A CASE OF OSTEOMYELITIS OF THE ANKLE-JOINT, ILLUSTRATING THE UTILITY OF BONE-CHIP IMPLANTATION.

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MISS K., an American, aged eighteen years, entered St. Joseph's Hospital June 25, 1894, with an affection of the left ankle-joint. Upon examination two sinuses were found—one upon either side of the foot. The one on the external aspect just below the malleolus communicated with the joint-cavity, while the other one was superficial. The foot was slightly swollen, and it was impossible for the patient to bear any weight upon it. After eliciting the clinical history the case was diagnosticated as chronic suppurative osteomyelitis, resulting from a pre-existing acute osteomyelitis. Some two years before the patient had been suddenly taken ill with fever and a gnawing, boring pain over the lower extremity of the tibia. After several days' duration the pain suddenly abated, when a circumscribed swelling appeared externally. This was incised and drained by means of multiple drainage-tubes. Upon introducing the probe into the external opening it was at once evident that there was a communication with the joint-cavity, although with the most careful probing no osteoporotic bone could be discovered. Taking into consideration the slight elevation of temperature which appeared from time to time, the muco-purulent discharge, and the edema of the foot, the evidence pointing to slumbering pus-microbes, with consequent sequestration, was conclusive.

Two days after the patient's entrance into the hospital she was etherized and an external incision made over the sinus into the joint-cavity. The joint was found to be filled with unhealthy fungous granulations of a bluish-white color, showing the chronicity of the affection. The microbes, by successive colonies during the two years, had become so attenuated that they had lost their pus-producing power, and simply acted as irritants, causing tissue-proliferation. After removing the granulation-tissue with a Volkmann spoon the wound was explored for the sequestrum. After no inconsiderable manipulation a small canal was found that led upward into the medulla of the tibia, and the probe then came in contact with osteoporotic bone. The external incision was enlarged in an upward direction, and after chiselling away a portion of the involucrum the sequestrum was finally extracted *in toto*. Subsequently I found that the disease had destroyed a portion of the astragalus; but the necrosis here was superficial, and was thoroughly dealt with by curettement. After disinfection with mercuric-chlorid solution and hydrogen dioxid the cavity was dusted with iodoform and packed with decalcified bone-chips. The wound was only partially sutured, the most dependent portion being left patent for drainage.

The temperature after the operation remained normal, and the wound healed rapidly. In five weeks the patient left the hospital, greatly increased in weight and able to give up her crutches in lieu of a cane. Two weeks later she was able to dispense with the cane and bear her entire weight on the limb. The joint performed its physiologic function, daily passive motion and massage having secured for it almost its original range of motion.

This case is of interest from a pathologic standpoint. The primary suppurative osteomyelitis very probably had its origin just above the epiphysis of the lower extremity of the tibia. Radical operative treatment not having been resorted to when the fissure on the abscess-wall was at a maximum, the pus did not travel in a proximal or a peripheral direction, which are ordinarily the lines of least resistance, and ultimately effect spontaneous evacuation, but proceeded in a distal direction, piercing the epiphyseal cartilage and causing a secondary suppurative arthritis. This is certainly an interesting phenomenon, as the blood-circulation in the epiphyseal area is very abundant, and should afford a formidable barrier to the army of pus-microbes by an efficient phagocytosis. Again, from an anatomic standpoint, one would not expect extension by contiguity from the diaphysis to the epiphysis, instead of extension by continuity in the opposite direction. This case also illustrates what may be accomplished by effective curettement and secondary disinfection in transforming a septic field into an aseptic field, even in such an unfavorable location as a joint with its many secluded and intricate synovial pouches. It would be unreasonable to suppose that this cavity had been made perfectly aseptic from a bacteriologic point of view. Some pus-microbes must have remained, but they were greatly diminished in quantity and were well taken care of by a proficient phagocytosis, as the local circulation received a great stimulus through the mechanic effects of the operation.

The interesting feature in the treatment was that the external wound was kept open by iodoform-gauze, so that I was enabled to make clinical observations *in vivo* of the efficiency of the implantation of decalcified bone-chips. The primary dressing was not removed until the seventh day after the operation, and the view presented was indeed a beautiful picture of tissue-proliferation. The edges of the wound were surrounded by healthy granulations, with extension here and there between the chips, which were hermetically cemented together by the primary wound-secretion. Already the chips at the periphery of the wound presented a pinkish tinge, denoting that vascularization was making rapid progress.

After the first dressing the wound was redressed semi-weekly, not for the purpose of disinfection, as perfect asepsis prevailed throughout, but for the purpose of cauterizing the granulations in order to stimulate their negative capacity. At the end of three weeks the area previously occupied by the chips was filled with dense granulations, the chips having become absorbed. The third stage of tissue-metamorphosis—cicatrization—had now become inaugurated, and the wound-edges rapidly became approximated, shutting from view the deeper scope of operation. We have a positive assurance of the great adaptability of the use of bone-chips in bone-defects, not only in the medulla of long bones, but also in their extremities which have direct communication with a joint-cavity. It is also worthy of notice that gran-

ulating wounds can be kept aseptic for weeks, provided that surgical cleanliness be strictly observed.

MEDICAL PROGRESS.

Hemiatrophy of the Face with Oculo-pupillary Phenomena in a Case of Unilateral Syringomyelia.—DEJERINE and MIRALLIÉ (*Compt. Rend. Hebdom. des Séances de la Soc. de Biologie*, March 15, 1895, p. 155) have reported the case of a woman, fifty-seven years old, who from the age of twenty-eight presented muscular atrophy of the left upper extremity, gradually attaining a pronounced degree, with preservation of common sensibility and loss of thermal sense. Upon the right side muscular atrophy was scarcely perceptible, although the sensory dissociation was present. The right scapulo-humeral articulation was the seat of an arthropathy. Kyphoscoliosis was present, with exaggeration of the knee-jerks. The left half of the face was distinctly less well developed than the right. The palpebral fissure was smaller on the left, both vertically and laterally. The eye-ball appeared the smaller, being deeply seated within the orbit. The left pupil was contracted and reacted to light and in convergence. The right pupil was moderately dilated and reacted in convergence, but not to light. The visual field was contracted in its upper half. The interior of the left nasal cavity was flattened and its orifice contracted. The left naso-labial field was more distinct than the right. The color of the skin was normal except over the left malar bone, where it was more deeply red than upon the right side. The wrinkles upon the forehead were less pronounced on the left side. The skin and subcutaneous tissues were more resistent and more dense upon the left than upon the right side. The muscles of the face appeared not to be atrophied, and the tongue was of normal thickness and consistence. The bones of the left side of the face were flattened and smaller than those upon the right side, and the teeth were largely wanting and carious. The beard was less developed upon the left; the eyelashes, on the contrary, were more numerous on this side. The hemiatrophy of the face was first noticed at the age of thirty. Tactile sensibility was preserved, though slightly diminished as compared with the right side. Painful sensibility was also diminished, and likewise thermal sensibility, both upon the cutaneous surface and upon the mucous membranes. Hearing and vision were well preserved upon the left, but taste and smell, on the contrary, were impaired. Tears appeared more readily and more abundantly upon the left than upon the right. The left nasal cavity remained dry, while the right was normally moist. The injection of one-sixth of a grain of pilocarpin nitrate was followed by sweating upon the right side of the face, while the left remained unaffected. The temperature was lower on the left side than upon the right, and constant sense of cold was felt.

A Modification of the "Invagination"-method of Operating for the Radical Cure of Hernia.—At a recent meeting of the Philadelphia Academy of Surgery DR. JOHN H. PACKARD detailed a method of operating for the radical cure of hernia, which consists essentially in the invagination of the isolated sac.

The hernia is exposed by a curved incision describing a semicircular flap of ample size. In this manner the cicatrix is carried away from the seat of trouble, which is afterward covered in by sound skin. The sac is laid bare and isolated from the external ring down to its tip. Sometimes it is better to empty it during this process, which may often be accomplished by tearing with the fingers. It is well to begin the isolation at the ring and to proceed downward. In order to secure control of the empty sac a silk thread is now passed through its wall at either side; the two ends of each are left long and caught in hemostatic forceps. With the forefinger of the left hand the tip of the sac is inverted and pushed up as far as the internal ring, or as near it as possible. Next, a slightly curved needle, with an eye near the point, and armed with a thoroughly sterilized silk thread, is passed up along the finger as a guide, to be pushed out at one side of the tip through the tendon of the external oblique muscle. One end of the thread being caught, the needle is withdrawn slightly, and again pushed through the tendon at the other side of the tip. The other end of the silk thread is now detached from the needle, which is wholly withdrawn, and the two ends left slack are caught together in a hemostatic forceps. Now, by means of the two lateral threads, and by grasping in the fingers, the doubled sac is drawn down carefully, and with a small curved needle a fine silk suture is passed through it from side to side, from below upward as far as possible, and then from above downward, so that its two ends, when drawn tight, will crumple up the sac into a solid mass. These ends are tied and cut off short. The lateral threads are now removed, and the other silk thread is drawn up tight, pulling the plug formed of the sac into place at the internal ring; its two ends are tied on the outer surface of the tendon of the external oblique and cut off short. The skin-flap is laid over in place again, the wound closed by sutures, and the ordinary antiseptic dressings applied.

The patient is kept in bed until the wound is completely healed.

Rupture of the Spleen from Vomiting.—MUNSON (*Yale Medical Journal*, 1895, vol. 1, No. 6, p. 256) has reported the case of a man, about twenty-three years old, who had been suffering for three months from a low but intractable form of malaria. He had on several occasions been treated, with temporary improvement, but had each time suffered a relapse on re-exposure. He was seen at the inception of the febrile stage of an attack, after a chill of moderate severity. He was put to bed and given five grains of phenacetin for fever and headache, and half an ounce of magnesium sulphate for obstinate constipation. The ingestion of the medicines was at once followed by great pain, referred to the epigastrium, and by violent and incessant vomiting. In the course of an hour the man was profoundly collapsed and almost pulseless, vomiting and hiccoughing being continuous, and there was burning pain in the stomach, with purging. Death took place within a short time. Upon post-mortem examination the whole peritoneal cavity was found filled with serum and clotted blood. The left iliac fossa contained a firm clot as large as a soup-plate, and another of similar size covered the spleen, which was of semi-fluid consistency and greatly en-

larged, weighing three-and-one-quarter pounds. Its capsule was torn and the splenic tissue was fissured in two places. One of the lacerations involved a large branch of the splenic artery, and from this the fatal hemorrhage had taken place. The stomach was slightly reddened and congested at its pyloric extremity and presented evidence of a moderate catarrhal condition. The liver appeared to be in a state of beginning lardaceous degeneration. The intestines, kidneys, heart, and lungs were normal. Careful chemic and microscopic examination of the vomited matters, of the gastric contents found post mortem, and also of the contents of the iar from which the magnesium sulphate administered had been taken, was made, but failed to demonstrate the presence of irritant mineral poisons or oxalic acid.

The Influence of Pregnancy upon Dental Caries.—As a result of a study of the teeth during pregnancy, PETERSON (*Dental Cosmos*, 1895, No. 4, p. 269) arrives at the conclusion that dental caries is peculiarly liable to occur at this time. He defines such caries as a condition characterized by molecular disintegration of the normal constituents of the teeth as a result of the action of certain pathogenic micro-organisms which produce lactic acid, which in turn decalcifies the enamel and exposes the dentine to the attack of the bacteria. It is believed to be impossible that lime-salts are abstracted from the teeth to supply the needs of the growing fetus. More than enough phosphates are ingested to supply the needs of both mother and child; hence the maternal teeth do not suffer from lack of nutrition. During gestation osteophytes are found, showing an excess of lime-salts in the system. The true explanation must be looked for in some change in the oral secretions, which thereby furnish a more favorable soil for the development of the micro-organisms. There is evidence to prove that the acidity of the saliva is increased during pregnancy, probably through changes in the blood, whereby its alkalinity is diminished. The analogy between this and the lithemic condition is striking. Vomiting of pregnancy, while it may to some extent aid, cannot be considered a potent factor in the production of caries. Neglect of the teeth cannot be proved to be more prevalent during pregnancy than at other times, and therefore should not be considered among the causes of caries.

Brachial Neuritis from Meat poisoning.—At a meeting of the Schlesische Gesellschaft für Vaterländische Cultur in Breslau, held some time ago, MANN (*Deutsche medicinische Wochenschrift*, 1895, No. 11, supplement No. 7, p. 46) reported the case of a woman who was one among sixty made severely ill by the use of meat obtained from a diseased cow. For three weeks severe gastro-intestinal disturbance was present, and subsequently there were headache, general weakness, and paresthesia of the extremities. Finally severe neuralgic pains appeared in the right arm, which were followed by weakness progressing to paralysis, involving the deltoid, biceps, brachialis anticus, and supinator longus, and in slighter degree also the triceps, infraspinatus, latissimus dorsi, and all of which presented partial reaction of degeneration. The muscles of the hand and forearm were uninvolved. The nerve-trunks were tender upon pressure, and the shoulder-joint was sensitive to touch, so that passive movement was almost impossible. There were no sensory symptoms.

Premature Labor Successfully Induced Three Times in the Same Woman.—MARDUEL (*Lyon Médical*, 1895, No. 6, p. 182) has reported the case of a woman with a contracted pelvis, in which the first pregnancy was terminated with difficulty after the application of forceps, the child surviving. Three years later a second pregnancy was successfully terminated by the induction of premature labor, and three and five years later, respectively, the third and fourth pregnancies were similarly terminated.

Cramps as a Sign of Diabetes.—SIR BENJAMIN WARD RICHARDSON (*Asclepiad*, second quarter, 1894-'95, p. 162) calls attention to the occurrence of cramps in the lower limbs in cases of diabetes. They are rare by day and most common at night. They are very painfu although not of long continuance. They occur principally in the muscles of the calf of the leg, but they may also involve other leg-muscles and, at times, even distant muscles. In conjunction with this condition there is sometimes a painless motion or twitching of the leg-muscles, observable mostly in the early morning after good sleep, and lasting two or three hours, but passing away during the day. These movements may number thirty or forty in the minute.

THERAPEUTIC NOTES.

The Disinfection of Tubercle-infected Houses.—As the result of an inquiry into the disinfection of houses infected with tuberculosis, DELÉPINE and RANSOME (*British Medical Journal*, No. 1781, p. 349) conclude as follows: The disinfection of rooms that have been contaminated with tuberculous products cannot be secured by means of the fumigation-methods such as are generally used at present. Sulphurous acid, chlorin, and euchlorin, as used under supervision by experienced municipal disinfectors, have proved practically useless. The only other method of disinfection that seemed to promise more satisfactory results was the direct application of a solution of chlorinated lime to the walls to be disinfected. This method has so far given satisfactory results, but is attended with discomfort on the part of those who have to carry it out. Light is, in the case of the tubercle-bacillus, as it has been proved by several observers to be in the case of other organisms, the most important natural disinfecting agent.

Subcutaneous Injection of Oil for Stiffened Joints.—SIR BENJAMIN WARD RICHARDSON (*Asclepiad*, second quarter, 1894-'95, p. 164) relates that in two instances of stiffened joints in which the inability to move the parts appeared to depend upon rigidity of the tendons and muscular sheaths, he injected, subcutaneously, olive-oil into the structures and with some success. He found that a fluiddram of oil could be injected around the knee-joint without causing inflammation or discomfort. In one instance in which the elbow was thus treated the patient obtained, for the first time, some degree of movement after six months' entire rigidity from fixation.

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THE LIMITS TO THE INDECENCIES OF SCIENCE.

THE tide of pornographic and scatalogic literature has apparently not yet reached its ebb. Science, like fiction, is passing through an epidemic of "realism;" she must needs tear off the last shreds and patches of reserve and decorum that a preceding age valued, and exhibit to a prurient professional eye all the nakedness of perverted sexuality and all the LESBIAN rites of exhausted courtesans and roués. This is done under the disguise of a contribution to psychiatry; whereas, in fact, it is only a literary orgy in the companionship of the satyrs of our modern civilization.

The full pace was set by KRAFFT-EBING. His honored name and scientific attainments were the guarantees that much could and would be forgiven him. His treatise on sexual psychopathy, written in the cold analytic German style, and preserving a strictly scientific and pedantic tone, had, nevertheless, a strangely forbidding and unwholesome aspect in its American translation—a translation, perhaps, not unequivocally demanded by strictly scientific interests. It is not too much to say that the book was merely tolerated in America; that, if it were welcomed in some quarters, it was as forbidden fruit, which the filchers could enjoy all the more because they would never have dared themselves in their own respectable communities to have cultivated it. They thanked the German in their hearts at the same time that they wondered at his temerity; and they marvelled at the differences between races and countries that this book indicated, when they saw with astonishment the name of the foremost German alienist on the title-page of a monograph the like of which would probably relegate a native American author to the gehenna of the unclean.

The true quality of KRAFFT-EBING'S book, in its American undress, was curiously shown by the interest that was taken in it by lay readers. We are credibly informed that it was circulated about in lawyers' offices, we presume, by irresponsible parties; and such is the thirst of lawyers for knowledge of things unlawful that the book had, it is alleged, an extraordinary run among them. In the case of one pornologic work, which shall be nameless, the agents in some instances were young men, who hawked the book about among the lawyers in a shy but knowing way, as we once witnessed, playing the part of purveyors of what, to themselves and to their customers, seemed to be a rare bit of Rabellaisian indecency masquerading as medico-legal science. On that occasion we realized that if to the pure all things are pure, to the impure books of the class of KRAFFT-EBING'S are decidedly impure.

It was to be expected that KRAFFT-EBING would have his imitators. The field was comparatively new and inviting (?). No one man could be permitted to monopolize the indecencies of science. The subject is as wide as the world; as deep and corrupt as the human heart. Its sensationalism, its unsavory savor, its dramatic incidents, its realistic and uncouth horrors, its crude animalism all were suited to tempt the pen of every aspiring Zola in medical literature. The attempts, however, have been in the main insignificant until the recent appearance of a German work by SCHRENCK-NOTZING, who describes himself as a practising physician in Munich, and who evidently is a willing disciple of KRAFFT-EBING.

SCHRENCK-NOTZING'S book has the distinction of some originality, and being written entirely from the practical standpoint, *i. e.*, the treatment of sexual perversion by hypnotic suggestion, gives us an opportunity to express some opinions on what we conceive to be some of the limits to this class of literature.

It is evident to us, from reading his book, that SCHRENCK-NOTZING has introduced an especially dangerous topic in hypnotism as a therapeutic agent for the unspeakable mental states of these children of darkness. What concerns us most is the danger involved to the physician himself who shall pursue this author's practice—a danger that SCHRENCK-NOTZING himself has evidently not avoided. In plain language, the advice given in this book is simply that the physician himself, taking part in a more or less libidinous séance, shall *suggest* to the hypnotized pervert the substitution of one form of immorality for another. When one considers the already debauched character of these perverts, and then considers the moral attitude of a physician who, putting himself *en rapport* with one of them in an artificially produced psychosis, takes the opportunity and the responsibility of instilling into such a mind at such a time the suggestion of any form of immoral sexual indulgence whatever, one is impressed at once with the enormity of the fault. There is involved in such a prostitution of the professional character not only the gravest ethical but also the gravest medico-legal question. In this country such an undertaking, if known, would expose a physician to more than mere professional obloquy. And yet this is the course advised by the author in several pages of his book. With a cynicism of which he himself appears to be unconscious, he argues for a physiologic indulgence, ignoring all moral considerations, and then chooses for the field of his operations the too impressionable minds of those whose lives are already wrecked by all the insane caprices of abnormal lust. When the physician thus makes himself the high-priest in a ritual that surpasses in iniquity the Babylonian rites, we think that he has more than exceeded the limits to the indecencies of science.

Again, as to the form in which these works are cast. The mere fact that they appear as monographs is one of their most objectionable features. We do not assume to dictate the limitations for a strictly scientific treatment of any aspect of psychiatry. We recognize that sexual perversion is a strictly legitimate topic. But at best, or worst, it is a subordinate and a rare phenomenon of disordered mental states, and should find a proper and subordinate treatment, in carefully guarded language, in general treatises. At best, it always comes perilously near to mere vice and crime; it always panders to a prurient curiosity that is too likely to be mistaken for a scientific interest. The more it is detailed the less scientific and the more vulgar and vicious it becomes. When it is dragged out from its natural depths and rendered conspicuous in special brochures, and illustrated like a police gazette with the minute narratives of the lives of trollops, and lascars, and imbeciles, and moral idiots, it exceeds the limits of toleration that even the most pronounced scientist must put upon the description of the indecencies and nakedness of human nature.

Finally, as to the sale of these books. That they are commercial ventures, of extraordinarily good selling qualities, must be evident from their character and from other considerations. It is pruriency, not a coldly scientific interest, that makes them sell. Under certain circumstances they lose instantly what scientific character they may have been supposed to possess, and pass at once into the class of forbidden literature. The restriction of their sale "to the profession only," as in some cases it has been limited, by no means answers the objections to this class of works. The profession has its morbid tendencies, and by becoming physicians men are not exempt from the evils so vividly depicted in these books. Moreover, as thousands of men with medical diplomas do not hesitate to become enemies of their guild, prostituting their knowledge and office to every form of quackery that greed has begotten, so men who in name only are members of the profession will be found plenteous enough to become instruments for scattering this rotten literature among laymen. We doubt whether the mails can be legally employed for such a distribution of them. They drag, as it were, the whole medical profession, from which they assume to emanate, into a compromising position. They subject that profession to the risk of having some of its ostensible literature put upon the *index librorum prohibitorum* of the law. This is a grave matter. It involves a risk both to the liberty of the medical press and to the clean reputation of medical writers. It would be a most unfortunate precedent to have a medical treatise prohibited, because it might lead to a supervision of medical literature by public authorities, and this would be not only irksome but disastrous. Hence, the whole profession is interested in curbing with the force of an awakened professional opinion the commercial ventures of those who so far imperil its liberty and its reputation as to dare to write, translate, publish, or sell a book that transcends the limits that must be put to the indecencies of science.

TOPOGRAPHIC MEDICINE AND HEADACHE.

Of the influences promoting civilization and the elevation of nations to a common standard of social and personal well-being, art and science are certainly the chief. It has long been the boast of music that her language or method of writing is common to all nations. The score of a Beethoven symphony is read by all musicians alike, regardless of race or tongue, and the psychic life that that music portrays or arouses is recognized by the music-lover of every nation and generation. So it is with painting, with sculpture, and with most of the other arts. Their influence is to break down the walls of national prejudice and racial habits and bring men to a recognition of a unity of all life and the universality of all high ideas.

In science the same great factor of civilization is also visibly and powerfully at work. There is but one science of geology or of astronomy. Spectrum-analysis is the same in Europe or in America, and chemistry has no geographic peculiarities. Newton, and Darwin, and Helmholtz, and Wallace, and Lord Kelvin belong to the world and discover truth for the world.

We flatter ourselves, and justly so, that it is so with that branch of science called medical. Nothing touches us more intimately than disease, and he who discovers the cause and cure of a dread malady at once becomes the honored of all nations. The life of the child in Asia or Africa may to-day be saved by the scientific labor yesterday of a laboratory-worker in Germany.

This law holds especially as regards certain diseases or classes of diseases. The scientific medical world has its attention riveted upon microbic diseases, and no smallest discovery of a truth in reference to such diseases can be made in any part of the earth without its instant utilization by almost every physician of every land. It is in a less degree true of surgery, but the degree is so little less that the principle may be held to obtain fairly well. National or racial peculiarities and prejudices as to surgery are not by any means impossible of discovery despite the varied transmigrations of students and of literature through and past all geographic boundaries. A little illustration of this came to us recently in the discovery that English medical men, as a rule, know and care little or nothing about the surgical uses of hydrogen dioxid, while in American practice this substance is greatly used and valued.

There are, however, a number of diseases and aspects of medicine that seem absolutely to contradict the law to which we have alluded. Limiting our view to the field of non-microbic and non-surgical disease, we find most astonishing proofs of insular and geographic limitations. Many illustrations will at once occur to all travellers, or to students of the literature of internal or clinical medicine. Among these illustrations we shall single out one that exemplifies to a sad degree how far we yet linger in barbarism, how science, properly speaking, has almost utterly failed to show a trace of universality or of a civilizing influence.

We allude to the diseases, or rather, of course, the symptoms of disease, passing under the name of headache and sick-headache. There is hardly a family in the civilized world that has not at least one, and probably several, members afflicted with these tormenting and life-wrecking affections. The varieties of headache are very numerous, and into this subject we cannot go; but whether of one kind or another there is no functional disease or symptom of disease that is so widespread, none that (as usually treated) is so obstinate, none that causes such tragedy and so many ruined lives, none that so certainly reduces the vital powers, and thus prepares the soil for the incoming of other and more fatal diseases. There is in every thousand people a very high proportion who have thus suffered for years or for the greater part of a lifetime, and who have been treated by many physicians without cure. Headache and sick-headache are beyond dispute veritable opprobriums of the elder medicine.

There is a cyclopedia of medicine—Quain's—that by general consent epitomizes for the English-speaking people, at least for Englishmen, the science of practical medicine "up to date." Its sale has been immense, and in the last year a new, entirely rewritten edition has appeared and received the universal approval of all critics. Let the interested reader turn in this work to the articles on "Headache" and "Sick-headache," and read them carefully. Then let him read the article on the same subjects in Pepper's *System of Medicine*, or, better yet, the one by that veteran neurologist, Seguin, in a representative American work, Keating's *Encyclopedia of the Diseases of Children*. With what a feeling of disgust will he arise! This, then, is the "science" of medicine! Is it true that in crossing a body of water a "science" can become so amazingly changed? From beginning to ending of the two

articles in Quain not a word is said or even hinted as to the ocular etiology or treatment of these affections, whilst Seguin evidently traces the origin of the vast majority of all headaches to eye-strain.

We cannot stop to inquire whether Quain's "science" is due to pure ignorance or pure prejudice, or even, perhaps, to a remarkable mixture of both—or whether Seguin's "science" is due to childish enthusiasm and hobby-riding. But, not to shirk the question and to make our position clear, we will say that it is our deepest conviction that the science of QUAIN is unscience and pseudo-science, whilst that of SEGUIN is genuine science, a profound, although sadly ignored, truth.

What we wish to emphasize is the fact of the absolute contradictoriness of the two "sciences," and the evidence thereby shown of the influences that govern the acceptance of a truth by two large bodies of men living in two different countries, separated only by the distance of a week's journey, men among whom there are many friendships, and upon whose library-tables lie each other's scientific journals. Some twenty years ago a great American physician, DR. S. WEIR MITCHELL, followed soon by others, began preaching the truth of the ocular origin of much headache. Hundreds of American physicians to-day know that truth, and use it to the immense benefit of their patients. Every good refractionist knows the test of the accuracy of his work is the cure of his patient's headache, and at least one oculist we know avers that of many hundreds of cases of sick-headache he never saw one not cured purely by ocular treatment.

Be all this as it may, why is it that in European treatises on headache, and notably in the most recent and authoritative English encyclopedia of medicine, not a word is said as to that etiology and that treatment of a most grievous and widespread affection, which with many American physicians constitutes the very heart of the matter. (We do not, of course, deny that other causes exist besides eye-strain. For the present "that is another matter.")

Can this strange phenomenon be accounted for? We think it can be, and very easily. It is but another corollary of the great law summarized in the apothegm, *Ex oriente lux*. The march of civilization has always been westward, and it is but natural that the younger occidental civilization should receive its psychical as well as its physical light from the more orientally placed countries. In the very nature of things it must be so. But too habitual an acceptance and practice of the law results oftentimes in an invidious rejection of light that may come from the Occident to the Orient, and thus differences arise that give evidence of prejudice and self-will rather than of a desire for light whencesoever it may come. Such unscience and prejudice on the part of our more easterly neighbors exist in reference to headache, and one may add as to the nature, diagnosis, and influence of eye-strain generally. Because the truth happens to be emphasized by Americans it is none the less a truth.

EDITORIAL COMMENTS.

An Ethical Conundrum.—With the admitted proviso that the fundamental principle of medical ethics is the good of the patient, the following question is of interest: A patient is recommended by a general physician to a specialist, to a surgeon, or an aurist, or, let us say, to an oculist, for symptoms that indicate eye-strain; the oculist at once sees from the condition of the retina that the patient is suffering from profound systemic disease and that vision, as also life itself, is in danger. An indirect inquiry reveals the fact that the general physician has never made a urinary analysis. The patient has all confidence in the family physician, and that confidence, of course, must not be disturbed. In the most courteous terms the specialist, by letter, asks the family physician to look the patient over, suggests that the condition of the eyes may indicate renal trouble, and begs that a reply may be sent as to the diagnosis made and the treatment instituted by the general physician. In quick time the reply comes, very curtly saying that the patient has no disease, and the patient volunteers the remark that the physician plainly intimated that he wished "no outside advice as to the care of his patients." There can be no doubt that there are physicians who never make an analysis of the urine from one year's beginning to its ending. The question in ethics is as to the specialist's duty in any such an instance as that cited. An incautious word on his part, a request direct of the patient for a sample of urine, a treatment of the systemic disease by the specialist, a further suggestion to the general physician, etc., would lead to most unpleasant consequences—and that is surely putting it mildly enough. Not to do something for the patient's condition would seem much like permitting the patient to die without raising a finger. The "business doctor" would perhaps solve the difficulty quickly enough by treating the special organ under his charge, by ignoring the systemic source of the local disease, by notifying the family physician, and then "washing his hands of the affair." But that solution does not satisfy any except those whose motto is, "Medicine is a business." What should the specialist do?

The Position of the Testes.—The highly interesting lectures of DR. GRIFFITHS, selections from which are reproduced elsewhere in the forelying issue of THE MEDICAL NEWS, give promise that sometime may be solved the mystery of the "descent of the testes." We have never

seen any allusion even to the existence of this mystery. The question—why the descent? so far as we know, has never been asked by any anatomist, surgeon, or scientist. The fact is another instance of the old truth that it is the mystery that lies nearest ourselves that we are the least curious about. The search for the North Pole, the problems of spectrum-analysis, of the heart of Africa, of the motion of the stars, have seemingly weighed heavily on men's consciences, but the strange and seemingly absurd externalization, if one may so speak, of the testes, appears never to have aroused his curiosity. Writers and lecturers on surgery and physiology seem to have accepted the fact, utterly indifferent as regards its anomalousness, and careless as to its cause. Why in the course of biologic evolution did the forces controlling that cosmic process (conscious or unconscious, free or inexorably necessitated, matters not) arrive at the present plan? In the beginning, of course, as is evidenced by their primary position in the fetus, and by their permanent retention in some animals, the position was within the abdominal walls. How astoundingly strange it is that the primary plan had to be changed, and the voyage downward and outward decided upon. Why this voyage? This is the question that we think would have puzzled anatomists and surgeons and biologists, and kept them asking it so persistently that much scientific literature would have been filled with its echoes. Did any one ever ask it, or try to answer it? It would seem that the original location of the organs was infinitely safer, and that the resultant dangers of hernia would have been avoided. It is most curious that in rutting animals there is a partial externalization of these organs during the season of sexual excitement, and that in these animals, as well as in man, spermatogenesis is prevented by pelvic retention.

The Cause of Scientific Vivisection is seriously endangered by the indiscreetness of some of its advocates. In a characteristically bright and incisive editorial in the *Medical and Surgical Reporter* the name anti-antivisectors is given these extremists, and its appropriateness is evident when one considers the strong "personal note" thrown into their communications. The old Puritans were said to hate bear-baiting, not at all because it gave pain to the animal, but because it gave so much pleasure to the spectators. It begins to be evident that the anti-antivisectionists have more interest in baiting the antivisectionists than they have in the cause of vivisection. The *Reporter* editorial, together with two recent letters in the *Boston Medical and Surgical Journal*, is not by any means the only intimation that could be adduced that many well-meaning physicians have allowed themselves to be nagged into a position quite as extreme and indefensible as that of the most rabid antivivisectionists. One extreme of course naturally begets another, and that of some of the antivivisection-dogmatists is certainly far from right. But these people are not scientifically educated, and their one-sided polemic is therefore to a certain extent excusable. Not so, however, the equally rabid and emotional extremism of some anti-antivisectionists, and it is perfectly evident that their public anti-ics have not seldom encouraged the very extreme they denounced with such startling injudiciousness. To win to our side a large part of the as-yet undecided profession, and a much larger part of the undecided lay-world, we must be calm, just, impersonal, and considerate of popular prejudice. One of the lessons we have yet to learn is that much of the popular prejudice against vivisection is of our own creating, is decidedly our own fault—as the exhibit of the anti-antivisectionists illustrate. *Surtout Messieurs, pas de zèle!*

The New Treatment for Tuberculosis and Carcinoma.—The newspaper world seems to have been set afire by the reported recommendation of pilocarpin as a means of treating tuberculosis and carcinoma. We are not yet in possession of the evidence upon which this display of emotion depends, but we feel a little dubious as to the judgment of newspaperdom in this particular department of science. Reliable remedies for the treatment of disease do not usually reach either the public or the profession through this channel. What Dr. Waldstein has done we are as yet unable to say, and we would prefer awaiting his report before making further comment. That pilocarpin is a powerful and useful drug all will admit who have had any experience in its use. It has been largely used here in Philadelphia as a result of the influence of two great clinicians, Da Costa and Bartholow. To Da Costa belongs the credit of having recommended its employment in the treatment of erysipelas, with results that seem almost specific. Bartholow constantly lauded its usefulness to his classes with characteristic vigor and conviction; and it is only within the last few months (see THE MEDICAL NEWS, December 15, 1894, p. 660) that he insisted upon the utility of pilocarpin as a depurant in the treatment of various morbid conditions. We would be glad to hope that we have in this drug such a powerful weapon as current reports suggest it to be, but we prefer to wait and see.

"For the Medical Profession Only," by no means excuses the sending of disgusting nude pictures to every physician's address through the mail, unsealed. Instead of excusing, it aggravates the offence, because pruriency is piqued by the very device. The mail of a large majority of physicians is delivered at the residence-address, and not at the consultation-office. A high-handed devil-may-care answer to criticism of such doings plainly says to the medical profession: "This matter of the use of the governmental mails for the dissemination of purely commercial advertisements, made in such a way that the reputation of the medical profession is used and bandied about and jeopardized—this has to be stopped!" The dissemination of genuinely scientific medical literature has already been endangered by this abuse, and should the public, however mistakenly, visit upon us the indignation of laws restricting or forbidding the use of the mail for legitimate medical literature, it would be at once a public and a professional calamity. But this calamity would be due to our endurance of and indifference to the impertinence of advertisers who fill the mails with filth that passes under the pretext of being medical, but which is anything but medical.

Of Interest to the Profession, or so their authors represent them to be, are such notes as the following, which come with nearly every mail to the editorial offices of

medical journals. We accede in this instance to the request, but omit "the Professor's" name. The letter comes on official letter-heads, and is signed by "the Private Secretary"—an indication of most commendable modesty—and reads as follows:

DEAR DOCTOR:—Please note in the next issue of THE NEWS that Dr. —— —, ——, of ——, was appointed —— in —— ——, at —— College Medical School, and has given weekly lectures at the school since his appointment, to a highly interested and entertained class. Last Thursday the class and several outside M.D.'s went to the doctor's office, and were astonished and facinated (sic) for two hours.

The next lecture, etc. etc.

Do not hesitate to call my attention to anything that will interest the professor, and believe me

Very respectfully,

——— ———,
Secretary.

The Toothless Base-Drummer.—Commenting on the circular-letter recently issued by the Philadelphia County Medical Society concerning nostrums, the *Journal of the American Medical Association*, we think, confuses the issue somewhat by bringing charges of improper motives against the committee issuing the letter, and alleging that misstatements were made by the Philadelphia delegates in their reports. As to the first of these charges, it may be dismissed with the smile that it deserves. It has nothing to do with the question, and it can have no weight with those who know the character of the members of the committee. As to the second allegation, the *Journal* says that the delegates make a "direct misstatement" in reporting that the decision of the Judicial Council on the charges brought by the Medical Society of the State of Pennsylvania against the Trustees was not communicated to them; the reason it gives being that Dr. John B. Roberts, who signed the report of the delegates, is likewise a member of the Council!

Many strange things nowadays are "considered reputable," and it may somewheres and sometimes be looked upon quite as a matter of course that one should reveal an official confidence; but it is not so always and everywhere. Dr. Roberts, being bound by the rules of the Council not to make known privately what the Council has hitherto declined to publish openly, has preserved silence upon the subject; and neither the Philadelphia delegates nor any others, except, possibly, those who have the *Journal's* confidence, yet know the decision of the Council. The publication of that decision is highly desirable.

In the issue of the *Journal* of April 13th is a letter upon this question of nostrum-advertising that is as charming an example of logical *nonsequitur* as we have seen. It brings out "into the open" the only argument the nostrum-lovers and code-breakers have, that, viz., the practices of men are worse than their ethical theories, laws, or codes, and that the ethical codes, laws, and religious theories should, therefore, be abrogated, in order that theory and practice may be harmonized. Men are not to be praised for having a rule of life that is better than their daily habits, but in the interest of "consistency" they should utterly smash the ideal. With this delightful naïveté runs also the charge that although the writer knows absolutely none of the men of the Philadelphia County Medical Society, he still can judge of them "by what he knows of others," and consequently he is cocksure that the Philadelphia men are the vilest of hypocrites, breaking every law of the Code, as to patents, nostrums, etc. This reminds one of the splendidly brilliant flash of logic, repeated with hilarious innuendo by an esteemed contemporary, that the opposition to nostrum-advertising in a journal controlled by an association whose Code condemned nostrums is due solely to the fact that a lay publishing-house once failed to secure a contract for publishing for which it had bid.

"I knew a man in Oregon" (or was it in California?) said Artemus Ward, "who had not a tooth in his head—not a single tooth—and yet that man could beat the base-drum better than any man I ever knew."

SELECTIONS.

RETAINED TESTES.

IN the first lecture an account was given of the changes that the structure of the testes undergoes from early life to old age, and of the influence, in addition to producing spermatozoa, that this organ exercises upon the development and growth of the accessory sexual glands, and also upon the formation of the male sexual characteristics. To-day, after reviewing the position that the testes occupy in different animals and in man, I propose to give an account of the structure of the testes when they fail to reach the end of their destined course, and to point out the function, if any, which the testes under such circumstances are capable of performing.

In the study of the comparative anatomy of the male generative organs in the mammalian group of vertebrates there is nothing, perhaps, more striking than the varied permanent positions that the testes occupy in the several classes or groups of animals. In the monotremes, in the elephant, and in the cetacea the testes remain in the abdominal cavity just below the kidneys; in a few artiodactylæ they are found in the groin; and in the remainder, which comprises the majority, they occupy the dependent scrotum, be it inguinal or peritoneal.[1] Further, in the rutting animals, such as the hedgehog, the testes are found in the groin during the rutting season and are withdrawn into the abdominal cavity at the end of that period, where they remain until the return of the next period of rut. Thus, in these rutting animals the testes pass outward into a sac of peritoneum—the tunica vaginalis—in the groin at the onset of the rutting season, and backward into the abdominal cavity at its termination; and, as will be pointed out later, these organs only attain their full size and full function when they reach the furthest point in the course of their descent, dwindling and losing their spermatozoa-producing powers when withdrawn into the abdominal cavity. The testes, then, occupy—(1) in some animals a permanent position

[1] In all the animals, with the exception of man, and, I believe, the chimpanzee, the connection between the peritoneum and the tunica vaginalis remains as a patent canal into which the vas deferens and the spermatic vessels and nerves more or less project, carrying the peritoneum before them. In man and in the chimpanzee—the only two vertebrates which assume the erect posture—this connection is obliterated at or soon after birth.

in the abdominal cavity below the kidney; (2) in others they occupy at all times the scrotum, be it inguinal or peritoneal—the serous cavity may or may not then be shut off from the general peritoneal cavity; and (3) in others (rutting animals) they are in the scrotum during the period of sexual activity (rut) and in the abdomen during the period of sexual inactivity (non-rutting period). John Hunter, in his well-known monograph on the *Position of the Testes in the Fetus*, gives an account of the place of origin of the testis and describes the mechanism by which, in part at any rate, it is made to travel from its protected and concealed to a more unprotected and exposed position. He notes that the mechanism not infrequently fails, both in man and in the domesticated animals, to convey the organ to the termination of its destined course—the scrotum. The testes on one or both sides may fail to pass out of the abdominal cavity or to go beyond the external abdominal ring. The commonest situation in which an undescended testis is found is the external abdominal ring; it may pass into the perineum, thus missing the scrotum. More rarely it finds its way into the upper and front part of the thigh.[1] It may also be found in the cavity of the pelvis. Failure in descent of the testis is more common on the right side than on the left, as was shown by Braman. When only one testis remains undescended—whether the organ be in the abdominal cavity, at the internal abdominal ring, or in the groin, the other being in its natural position and well developed—the case is of interest chiefly owing to the concurrence of congenital hernia in connection with the undescended testis and the difficulty of successfully applying an apparatus for the proper closure of the canal and the prevention of the escape of intestine. If, however, the surgeon finds it impossible to adapt a well-fitting and comfortable truss, then the question of operative measures may arise, and naturally the exact structure of the testis, its capabilities of producing spermatozoa, and the influence it may exercise upon the man become of importance. Especially is this the case in those instances, which are not very rare, of incomplete descent of the testes on both sides. When the testes are duly transmitted they acquire, as is well known, their full size and full function; but when they fail to reach their destination they do not attain either their full size or their full function—the production of spermatozoa. This may appear strange, seeing that the testes do in some animals attain their full size and full function when retained in the abdomen or in the groin. It is, however, the fact that, in any given animal in which complete "descent" of the testis normally takes place, the testis, in order to attain its full size and full function, must reach and occupy the terminal part of that destined course. In man, for example, unless the process of descent be fully accomplished the testes attain neither their full size nor their full functional powers. I am aware that this has been doubted, but my own observations quite confirm the view. Further, I have shown in a paper entitled "The Structural Changes in the Testicle of the Dog when it is Replaced within the Abdominal Cavity"[1] that when the testis in the dog is by experiment replaced in the abdominal cavity it soon dwindles and loses its spermatozoa-producing powers, undergoing at the same time certain definite retrogressive changes in the structure of its seminal tubules.

It is of much interest to find that the undescended testes, though incapable of producing their special secretion of spermatozoa, yet are capable of exerting their peculiar and important influence upon the growth and development of the body. When only one testis fails to "descend" to the termination of its destined course, the opposite organ having duly reached the scrotum, the person grows, as we often have the opportunity of observing, just as if both organs were in their natural position. The fully descended testicle produces spermatozoa in abundance, and usually acquires a larger size than natural, due to what is called "compensatory hypertrophy." Thus, a person who has one testis natural and in the scrotum, whether the opposite be undescended or absent, is in possession of full virility. But when both testes fail in their descent they, as we have just seen, are incapable of producing spermatozoa, and in consequence the person is sterile. In spite, however, of the imperfection of the organs, such a person acquires all the external bodily characteristics of the male and is in all respects, except in the power of procreating, like an ordinary man. His shoulders are broad, his pelvis is narrow, his beard and moustache and hair on the pubes are well grown, his voice is deep and manly, and his penis is large and well developed, though the scrotum is small and empty; so that the external appearance, except that of the scrotum, would give no clue to the condition. I know of one such person who is well formed and who is capable of erection and emission, but without issue. It is evident, therefore, that the influence of the testis upon the growth and maintenance of the characteristics of the male is a property independent of their power of producing spermatozoa; and the remarkable fact is established that the spermatozoa-producing work of the testes, possibly even their potentiality for that purpose, is not necessary for the establishment of the influence which those organs exert upon the rest of the body. It is further of interest that, although the natural involution of the testis in the aged is unaccompanied by any corresponding change in the system, yet if the testes in an elderly person are removed, the accessory sexual glands, at any rate, are found to undergo changes somewhat similar to those which are observed in eunuchs and in eunuchoid persons.

The function of the testes is, therefore, clearly twofold—viz., (1) to control and determine the development of the characteristics of the male sex, and (2) to produce spermatozoa for the reproduction of the species. These two functions are usually exercised together, but that the former may be exercised when the latter fails seems to indicate that the production of spermatozoa is the more specialized property and attained with more difficulty. In what manner is this sexual effect of the testes upon the body produced? Is it through the medium of the nervous system as an ordinary reflex, or

[1] In fox-terriers, which are now so highly bred in this country, failure in the descent of the testis on one side is not at all uncommon, and it is well known that this condition not infrequently happens in horses. The entire horse with one testicle descended and the other retained within the abdominal cavity is so common as to be known as a "rigg."

[1] Journal of Anatomy and Physiology, vol. xxvii, p. 483.

is it through the medium of some substance produced by the seminal cells (whether they form spermatozoa or not) and absorbed into the system, which by influencing the nerve-centers or in some other way controls growth and nutrition? Brown-Séquard tried upon himself, when he was seventy-two years of age, the effect of the subcutaneous injection of a watery extract of the testes of a vigorous dog two or three years of age, and relates that after five daily injections he lost his feebleness, felt many years younger, and was capable of doing more work. The testicle-extract has since been used in various diseased conditions, chiefly those associated with nervous debility, but only with temporary results. During the last few years a watery extract of the thyroid gland has been administered with signal success in myxedema, in which disease the thyroid gland atrophies and ultimately disappears. The disease myxedema arises from the want of the influence of some unknown substance, which the thyroid gland, as it is supposed, elaborates, upon the nutrition-centers of the central nervous system. It may be that the testis in like manner elaborates, irrespectively of its spermatic secretion, some chemical substance which by a similar influence not only controls the growth and development of the body at puberty, but maintains the manly characters then acquired throughout life.—DR. J. GRIFFITHS, *The Lancet*, March 30th.

MINISTERIAL INDORSEMENT OF HUMBUGS.

WE are sorry to see the names of Christian ministers and persons occupying important positions in the church circulating through the country indorsing barefaced frauds which are poorly executed and no better than Indian charms. Whenever a minister of the Gospel allows his name to be attached to anything whose advertisements make statements impossible of fulfilment, or contrary to established principles of science, and especially to be mixed up with all sorts of testimonials written obviously by the most ignorant and uncultivated persons, he loses the respect, and justly, of that class of the community which in the long run fixes the estimate in which he is held.

This, together with similar exhibitions of weakness, often accounts for the failure of young men who otherwise give bright promise of other success, and the early retirement of those who, in spite of them, had attained a good standing.

In the interest solely of our readers we advise them to pay no attention to a ministerial testimonial to remedies whose composition is a secret, or which promise positively to cure otherwise incurable or generally fatal diseases. And all the more so if the testimonial contains references to the Almighty and providential direction to buy the medicine. You may be sure then that whatever other effect the remedy has had, it has either weakened or has not improved the condition of the nerve-cells, upon which sound judgment depends.

When ministers go further and surrender their photographs to patent-medicine venders to be used in advertisements and on bottles, they render themselves liable to one of two suspicions: Either that they have an inordinate desire to appear before the public, in which case such extravagant vanity must weaken their influence, or that they have received a compensation for the privilege. For that quacks of all sorts are ready to pay largely for certificates from physicians, for editorial notices, and for the privilege of publishing letters from and photographs of clergymen, cannot be doubted.

Not only do they thus render themselves liable to suspicion, but grieve every truly refined member of their congregations, and every member, in fact, of their denomination who sees their pictures and letters displayed for such purposes. Could many of the ministers know what is said of them, self-interest would lead them to refuse in every case. It should be taken as an insult by every minister of the Gospel of Christ to be asked to furnish his photograph, or to consent to its use, as a part of a patent medicine or any other advertisement.

In one instance the name of such a person was proposed for the pastor of one of the best churches in Methodism. A brother of high character and respectability, noted for his kindness when speaking of ministers, rose and said: "I hope that this brother will not become our pastor." "Why?" said half a dozen voices. He did not reply, but spread before them a newspaper containing the photograph of the minister, in connection with three or four letters, one from himself, interlarded with ascriptions of praise to the Deity for having led him to buy ——— pills. His name was not mentioned again.—*Christian Advocate.*

THE CORRECTION OF REFRACTIVE ERRORS.

I WANT you to know that *errors in the refraction of the eye* are the *most intricate affections of that organ*, and that he and *he only* who has a *profound knowledge* of *optics*, besides having taken a *thorough medical course*, should be intrusted with the business of adjusting lenses to correct these intricate and often complicated anomalies. I am sure that I do not know of so much humbuggery in any profession or branch of business as in this matter of fitting glasses, and I take this opportunity to inform you of it that you may not be imposed upon, as many practitioners all over this country are.

There are several so-called "institutions" in different parts of this country, notably in Chicago and Philadelphia, that are styled "Colleges of Refraction," or other high-sounding names. They give a two-weeks' course and "graduate" the student "*Doctor of Refraction*" or "*Graduated Optician*," as is indicated by his artistic diploma, which he always conspicuously displays.

Many physicians, taking this as an evidence of the necessary knowledge for the performance of this service, recommend these pretenders to their patients, and, besides, are frequently inveigled into giving a certificate of professional ability, attesting their competency, which is frequently published in the family newspaper.

It would be well for all physicians to know that these "degrees" are worthless and have no legal recognizance.

The graduates from these "institutions" are usually jewelers and so-called "opticians," who have no knowledge of the anatomy and physiology of the eye, much less of its diseases and its intricate relations to other parts of the body. They talk as glibly of *myopia* and *hyperopia* and *astigmatism* and *insufficiency of the ocular muscles* as the most expert oculist.

These impostors settle down in all the principal towns

and villages throughout the country, or travel from house to house, as many of them do, posing as "*oculist*" or "*graduated optician*" or "*Doctor of Refraction*" with the *nonchalance* of an adept, and obtain business.

If such an impostor would travel over the country adjusting splints to deformed limbs, he would rightfully be arrested under the laws of the State for quackery, although far less injury could be done by tampering with deformed limbs than with afflicted eyes.

It is not necessary for me to state that none of these "graduated opticians," "Doctors of Refraction," or other so-called "opticians," are competent to adjust correctives to such a delicate organ as the eye.

A competent optician can prepare the lens after the oculist has prescribed it, the same as the pharmacist prepares the medicine after you prescribe it for your patient, but when these pretenders assume to correct optical defects they assume more than they can accomplish.—Prof. J. W. Wright to Senior Class of the Ohio Medical University. *Columbus Medical Journal.*

DOCTORS MAY KILL IN SOME CASES!

There are few journals, lay, religious, or professional, which will not join the *Indo-European Correspondence* in protesting against the suggestion of the *Civil and Military Gazette* that, in some instances, "an exception may be made to the salutary rule that a doctor's mission is to cure, not to kill." The *Gazette* is of opinion that before long there will be a "legal enactment authorizing medical men to take life in certain cases." The astounding absurdity of such a proposition leads us to imagine that our civil and military contemporary was cracking a grim joke against the medical and religious sections of Christendom. He thinks the cases and the conditions in which medical men may put an end to the existence of suffering humanity can be infallibly recognized and categorically laid down and defined. Medical men can, however, only prognose favorably or unfavorably; and although in a few extreme cases we may be able to anticipate positively a fatal termination, yet there are a very large number of cases presenting the most unfavorable aspects, and which, according to our limited mortal ken, appear to be in the most hopeless conditions, and which withal mend and recover. The ever-increasing additions to medical science tell us that many diseases which though now regarded as absolutely fatal or incurable may, in a few short years, come within the scope of medical relief and cure. Are we then to entertain seriously the idea that, because our limited knowledge of the mysteries of life incline us to the belief that such and such a suffering mortal is incurably ill, his life may be speedily terminated with benefit to himself and others? Had such a preposterous enactment been made a few years ago, how many persons who are now in health and vigor, or who are at least leading lives of usefulness and activity, would have been consigned to untimely graves? Is it not by acting on the principle of "while there is life there is hope," and by the dogged perseverance of medical men even in the apparently most hopeless cases, that discoveries, either made by chance or scientifically deduced, have been effected, giving relief and life to the sufferers and to those who may be similarly affected in the future? It is, however, quite unnecessary to give any prolonged or serious consideration to the suggestion so surprisingly put forward by our contemporary, for no Christian Government will ever commit itself to such an enactment to persuade medical men to determine whether their unfortunate patients are to be allowed to take their chances of living or to be hurried into eternity.—*Indian Medical Record.*

GRAND OLD MEN OF MEDICINE.

Dr. R. Baynes, of Rockland, Maine, who is still in practice at the age of ninety-nine, should be added to the list of "grand old men" of medicine. He is said to live on "Graham diet," which is a form of vegetarianism; he eschews potatoes, but eats fruit. His drink is almost entirely water, milk, and chocolate; he condemns the use of tea, coffee, liquors, and tobacco. He has almost a perfect set of natural teeth, and his sight is excellent. Like most old men who live to a great age, Dr. Baynes has a "fad," to which he attributes the chief part in prolonging his life. This is the avoidance of beds. Except when away from home, he has not slept in a bed, or even on a mattress, for over fifty years. He has a reclining chair of iron framework over which he spreads a few blankets and rugs. But perhaps the oldest medical man in practice is, if a Dalziel telegram speaks correctly, Dr. Boisy, of Havre, who is one-hundred-and-three years old. He goes, it is said, his rounds every day, his practice lying chiefly among the poor. At one time, it is stated, he was in practice in India. He has taken alcoholic beverages and smoked tocacco since his youth, though he has been moderate in the use of both. His father, it is added, died at the age of one-hundred-and-eight. In connection with this subject of "grand old men" of medicine, we take the opportunity of congratulating Mr. William Salmon, J.P., D.L., of Penlayne Court, near Cowbridge, Glamorganshire, who recently celebrated his one-hundred-and-fifth birthday. Mr. Salmon was born at Wickham Market, in 1790, and became a member of the Royal College of Surgeons in 1809, the year Mr. Gladstone was born. It is comforting to the members of a profession in which the average of life is somewhat low to be able to point to two such centenarians as Mr. Salmon and Dr. Boisy.—*British Medical Journal.*

REVIEWS.

Twentieth Century Practice: An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by Thomas L. Stedman, M.D., New York City. In twenty volumes. Volume I: Diseases of the Uropoietic System. 8vo., pp. 737. New York: William Wood & Co., 1895.

We are at a loss to understand the title of this work. Should it be issued at the rate of one volume per year, one-fourth of it will have appeared before the beginning of the twentieth century, and if at the rate of four volumes a year, it will be completed by the time the century opens. We doubt whether the medicine or surgery of 1895 could have been set forth in 1894. We are sure that a "Nineteenth Century Practice" could not

have been adequately written in 1795. Within the last two decades there have been important changes in the fundamental theories, as well as in the actual practice, of our profession. The incessant and increasing activity of the vast army of investigators, with ever-improving methods, must forbid the idea that the science of to-day will be accepted by the men of the twentieth century as sufficient for them.

This first volume is devoted, as stated on the title-page, to the uropoietic system; this term including, not very accurately, all the urinary organs. One article by Dr. Delafield, of New York, deals with the diseases of the kidneys; one by Mr. Reginald Harrison, of London, with the surgical disorders of these glands and the ureters; another by the same author, with diseases of the bladder. Dr. Lydston, of Chicago, contributes one on the diseases of the prostate and another on those of the male bladder. Then follows an essay by Mr. Hurry Fenwick, of London, which is somewhat oddly entitled "Diseases of the Urine." Is the urine a part of "the *uropoietic* system"? We can hardly regard the urine as liable to disease, any more than the bile, the saliva, or the sweat would be. Finally, there is a section on the diseases of the female bladder and urethra, by Dr. Kelly, of Baltimore, by all odds the best article of the volume.

It will be perceived that the contents of this volume are largely surgical, and we need only say that the work of the authors is such as would be expected from men of their high standing. They have given a very fair exposition of the state of science in this latter end of the nineteenth century.

The more distinctly medical articles of the volume are that of Delafield on "Diseases of the Kidneys," and that of E. Hurry Fenwick on "Diseases of the Urine."

Dr. Delafield's article deals with the group of diseases commonly spoken of as "Bright's disease." The classification and the discussion follow the lines laid down in this author's numerous previous publications, and, therefore, scarcely require further notice here. It has always, however, seemed difficult to us to establish as independent forms many subdivisions of renal disease which Delafield classifies. From a pathologic standpoint of course this may be justified, and even here mixed cases are the rule, but from a clinical point of view it seems impracticable and valueless.

Dr. Fenwick's articles, particularly those on hematuria and pyuria, are comprehensive and most interesting. Not the least valuable feature about them is their essentially practical nature and their clearness. The article on oxaluria might have been extended considerably, and the remote effects on the condition of the kidneys should have received some attention.

The treatment of the diseases of the bladder and urethra has very appropriately been placed in the hands of Dr. Howard A. Kelly, who has done more than any other man in the profession to further our knowledge of these organs and their functions, and of their proper management under diseased conditions. The subject-matter has been disposed of in a logical sequence, and the most recent methods of cystoscopy and urethroscopy explained by numerous illustrations as well as by means of a lucid description. While necessarily limited in its scope, it may truthfully be said that the pathology of the female urinary organs, as portrayed in this volume, shows a most noteworthy progress within the last few years.

TRANSACTIONS OF THE AMERICAN ORTHOPEDIC ASSOCIATION. Eighth Session, held at Washington, D.C., May 29, 30, and 31, 1894. Vol. VII. 8vo., pp. 358. Published by the Association. Philadelphia: W. J. Dornan, 1895.

THIS volume is a very creditable specimen of its class. It contains a large amount of valuable matter, which may be studied with interest and profit by the general surgeon as well as by the specialist in orthopedy.

In a series of six articles on the treatment of club-foot the modern methods, by open section and by tarsoclasis, are set forth and discussed. Three papers are devoted to that of congenital dislocations of the hip, so recently brought within the range of surgical relief; these papers, by Bradford, of Boston, Lorenz, of Vienna, and T. Halsted Myers, of New York, elicited a discussion showing the variety of opinion still prevailing in regard to this subject. There are four articles on rachitis and the deformities resulting from it, and a like number on points connected with the treatment of hip-disease. One of these latter essays, by Gibney, of New York, is of special merit.

Some valuable and interesting observations are presented in a paper by Whitman, of New York, on the bending of the neck of the femur sometimes met with in adolescents. Another important essay is that by Townsend, of New York, on tuberculous disease of the shoulder-joint; the author advocates operative treatment, by exposure and removal of the diseased bone, by curetting or excision, as the case may be.

Many of the other papers possess interest, but those now mentioned are of chief value. We note with pleasure the share taken by foreign members of the Association in its work, seven of them having contributed to the present volume.

We feel constrained to take exception to the address of the President, which is below the average of such productions. Its style is slovenly and vague, the pathologic statements contained in it are doubtful, and the author's views as to the status and claims of specialties are open to question. We commend to him the reading of a very sound and sensible report on this subject, presented to the American Medical Association in 1866, and to be found in the seventeenth volume of the *Transactions* of that body.

MANUAL OF GENERAL MEDICAL TECHNOLOGY; INCLUDING PRESCRIPTION-WRITING. By EDWARD CURTIS, A.M., M.D., Emeritus Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, Medical Department of Columbia College, in the City of New York. Third edition. Conformed to the U. S. Pharmacopeia of 1890. Small 8vo., pp. x, 235. New York: Wm. Wood & Co., 1895.

EVERY graduate in medicine—in fact, all senior students at college—should be familiar with the contents of this useful and cleverly written little book, which deals with matters that concern the physician, the applied therapeutist, quite as profoundly as do matters of

technique affect the surgeon. The attempt is not made to teach materia medica or therapeutics, such knowledge being rightly presupposed, but in a pleasantly colloquial manner the method and art of prescribing are succinctly laid down. The subject is considered in two parts—(1) the technology of medicines and (2) the technology of medicating. The first includes matters relating to the authority for medicines, the naming, the determination of the quantities, and the prescribing of medicines; and the second, modes of medicating and questions of dosage. An appendix contains a table showing the solubility of chemicals in water and in alcohol. Of course, the best teacher of the art of writing prescriptions is practical experience; but this little book will prove a useful guide and help.

Transactions of the American Dermatological Association. Eighteenth Annual Meeting, May, 1894. Reported by the Secretary, C. W. Allen. Pp. 143. New York, 1894.

The work contained in this volume indicates plainly that this Association is active and vigorous. Its membership is composed of the leading dermatologists of the country, all of whom are well known to the profession for the valuable essays they have contributed to the literature of this subject. In the volume before us are abstracts of a number of excellent articles, together with a report of the discussions. Many photographs, colored illustrations, and wood-cuts are noted, the introduction of such matter into the *Transactions* of this Association being a novel and interesting feature. One of the most valuable contributions emanates from the Statistical Committee, of which Dr. J. N. Hyde is the efficient Chairman, from which it appears that 204,866 cases of cutaneous disease have been observed and collected by the members of the Association. These cases have been arranged and tabulated by the committee, so that a clear idea of the dermatology of the United States may readily be obtained from these tables and figures. The volume, as a whole, is the most satisfactory that this Association has put forth, although in some places, as on page 141, there occur conspicuous typographic errors which should have been corrected.

Transactions of the American Surgical Association. Vol. XII. Edited by De Forest Willard, M.D. Philadelphia: Wm. J. Dornan.

This volume is judiciously edited and contains numerous articles of interest and importance. Ashhurst discusses the surgical treatment of empyema, and maintains that operation is unjustifiable unless the presence of pus is certain; that the first operation should be simply antiseptic aspiration; and that if the fluid reaccumulates incision and drainage should be practised.

Keen presents an admirable paper upon amputation of the entire upper extremity, and of the arm at the shoulder-joint, and considers the value of each known method for the prevention of hemorrhage.

Allis discusses the control of hemorrhage in shoulder-joint amputation; Billings, the methods of teaching surgery; Chiene, the teaching of surgery; Tiffany, the surgery of the kidney; Weir, surgical kidney; Fenger, the surgery of the ureter; Coley, the treatment of inoperable malignant tumors with the toxins of erysipelas and of the bacillus prodigiosus; Willard, the possible antagonism between erysipelas-cocci and tubercle; Forbes, stone in the bladder. The other contributors to this excellent volume are J. W. Elliot, J. McF. Gaston, Carmalt, Ransohoff, Pilcher, Charles B. Porter, Deaver, and Richardson.

CORRESPONDENCE.

ANOTHER DOUBT ABOUT THE NINETEENTH CENTURY.

To the Editor of The Medical News,

Sir: Dr. Slee's recent article, "Is this the Nineteenth Century?" suggests a word. Perhaps this is not the nineteenth century. Dr. Slee's article shows what ignorance may be found in many communities proud of their high schools and academies, which would seem to indicate more than average intellectual attainment of the inhabitants. Our little city of about eight-thousand boasts of a common-school system from the first grades of A B C to and through a most excellent high-school course. In addition we have here a sectarian school with the proud name of "The University of Urbana." Then, too, we have a public library, which is very creditable, and our lecture-courses, literary societies, and many other features indicating a thinking, educated people. Also we have churches, all of them well filled now, as the result of a recent revival. We had with us some weeks ago a wonderful evangelist and his sympathetic singer.

On a recent Sunday evening at the largest church in our town was held a "union service," to advertise and praise Keeleyism. The service of God was set aside to further the ends of private corporations founded for gain. Salvation is free—but is Keeleyism? Prayers were offered and the blessings of Heaven called down upon one of the most audacious examples of charlatanism in the history of medicine. A "Keeley lecturer" from the pulpit boasted of the power of the Keeley treatment to cure inebriety. He gave his experience in an institute; told how they put the gold-cure in his arm, and how he emerged cured of all desire. The gold-cure, he, said, was the result of the prayers of millions; it was God's answer to those petitions—in fact, the direct gift of the Almighty. The preachers joined in an amen. What has been God's gift to Keeley? Does anyone know how many thousand dollars? The multitude of cures was the boast of the lecturer, and the people urged to use their moral influence and persuasion to induce drunkards to go to Keeley institutes. "Rates upon application," I suppose. The Keeley failures were the result of Satan's interference, and a good preacher at the close of the talk prayed the Lord to wipe out of existence all the Keeley graduates who had the audacity to relapse.

Keeleyism has resorted to the pulpit, and now what is to hinder the use of God's temples and time of worship to extol the virtues of other cures for alcoholism—as well the all-curing powers of Pain's Sellery Compound or Be-Warned of Safe Cures? We need "a cure" to exert some influence over a certain proportion of our clergy and infuse some wisdom into their piety. But—perhaps this is *not* the nineteenth century.

Respectfully, E. W. Ludlow.

Urbana, Ohio.

A DRESSING FOR FRACTURES OF THE LOWER EXTREMITY.

To the Editor of THE MEDICAL NEWS,

SIR: For several years I have been using a method of dressing fractures about the leg and thigh which has given me great satisfaction, and which would seem well adapted to a large proportion of cases. The splints employed are of suitable length, according to the location of the fracture and the size of the limb, and consist simply of straight pieces of light board freely upholstered on one side with curled hair. This material is very elastic and porous, not matting together into a hardened mass. It is cool and comfortable, not causing the limb to sweat. A splint thus padded is applied to the outside of the limb, and instead of using a roller bandage, a single piece of cloth large enough to envelop both limb and splint is drawn smoothly underneath the limb. The outer edge of this cloth is caught fast to the splint by means of a row of safety-pins, and then the inner edge is drawn smoothly and firmly upward and outward about the limb, and is attached to the splint in like manner by a row of safety-pins. Thus the limb is held smoothly and firmly against the elastic pad of curled hair, and by altering a pin here and there it is possible to adjust the pressure just where it is needed. With such a smooth surface in contact with the limb without the creases, folds, or turns of the roller bandage, and with the elastic pad, it is possible to hold the parts much more firmly than in any other way and without discomfort to the patient. By making extension over a properly adjusted pulley at the foot of the bed and a splint and bandage of this kind, it is possible to reduce fractures very perfectly without pain, the limb requiring scarcely any handling in the process of adjustment. When the broken fragments have been brought into perfect adjustment, and the splint and bandage are properly applied, less extension is required, perhaps, than by any other method, in order to preserve perfection of adjustment. I have seen a broken femur, in which the fracture was high up and oblique, held very perfectly by a splint of this kind extending from the axilla to the ankle, one bandage of the sort described passing around the body of the patient, and another around the limb, although it became necessary to move the patient daily in order to dress large bedsores which had formed under previous treatment. Even under such unfavorable circumstances union took place with very little shortening and without noticeable deformity. The use of curled hair as a padding, and a single thickness of cloth fastened in the manner described as a bandage, certainly has many advantages, not the least of which is that it makes the patient very comfortable.

Yours truly,

M. A. VEEDER.

LYONS, N. Y.

STRIKING EFFECTS OF BEE-STING.

To the Editor of THE MEDICAL NEWS,

SIR: I was called on the evening of March 27th to attend a man suffering from a bee-sting. He is sixty years old, in splendid health, stoical in regard to pain, and of good self-control. He is a farmer, and after some hard work, at which he had become quite heated, he undertook to remove a hive of bees from their winter quarters in the cellar to his garden. In doing so he was stung by one bee in the palm of the hand. He allowed the sting to remain in the wound, and went on about his work after setting down the hive. In about fifteen minutes he began to sweat profusely and became very dizzy. It was all that he could do to reach the house on account of vertigo. He then had the sting removed, but he began now to feel great mental depression and became so confused that he could hardly make known his wishes. A messenger was at once dispatched for medical aid.

I found the man in great misery, retching and straining constantly, and complaining of great constriction in the region of the diaphragm, and feeling as if his skin was on fire. His temperature was 102°, the respirations 30, very labored, and the pulse 96. The conjunctivæ were intensely congested, and the skin all over the body was covered with an urticarial rash. I believe that there was no place on his skin the size of a dollar free from this eruption. The place where he had been stung was not swollen much, and he was stung in only one place.

Previous to this experience he had been stung many times, and when about the face it was usually attended with some local pain and swelling, but with no constitutional symptoms. The relief may have been in spite of the treatment or because his mind was relieved of anxiety. I made up a dozen powders, each containing five grains of acetanilid, two of camphor monobromid, and three of caffein, pure. These were given every hour, for several doses, and then every two hours. I also gave him twenty-five minims of aromatic spirit of ammonia every half-hour. In two hours' time he was considerably relieved, and the next day felt nearly well. The skin-eruption remained until the succeeding day. The man has been all his life particularly free from skin-eruptions.

The bees after hibernating throw off a black excrement profusely. Are they at that time more dangerous than at other times?

Respectfully yours,

DAVID B. PENNIMAN.

ARGYLE, ILL.

THE UPPER LIMIT FOR SYMPHYSIOTOMY.

To the Editor of THE MEDICAL NEWS,

SIR: In THE MEDICAL NEWS of March 2, 1895, Dr. Henry J. Garrigues made a personal protest against a statement of mine in an article on symphysiotomy, in which I said that Dr. Garrigues places the upper limit for this operation at an 11 cm. conjugata vera in a generally contracted pelvis, and that, furthermore, one diameter being perfectly normal, such a pelvis could not be called a generally contracted pelvis. Dr. Garrigues denies this, and truthfully so; he did not say 11 cm., but he said 4 inches. As I am in the habit, in writing scientific articles, of using the standard system of the French, I had to convert these inches into centimeters, and, on consulting Schroeder's work on *Obstetrics*, found 11 cm. to equal 4 inches. This statement is just as true as that of Dr. Garrigues, that 4 inches equal 10 cm. The inches to which Schroeder refers are the Rhenish inches, while Dr. Garrigues undoubtedly had in mind the American inch, which appears to be smaller than the Rhenish

by about 45 mm. It is to be supposed that those who live and write in this country will naturally use that system of measurement which is in general use here, and I am certainly open to criticism for having overlooked this fact at the time I wrote my article. I regret this oversight so much the more, as Dr. Garrigues seems to feel unnecessarily provoked by my statement, which was made not with a view to criticise or belittle the teachings of such a master in gynecology as he is, but simply because the proportion was unintelligible to me, and I wished to have some light on the subject.

His position in placing the upper limit is now quite clear to me, and I thank him for taking the trouble of making it. Furthermore, the reason he gives for extending this limit in a generally contracted pelvis to 10 cm. seems to me a very good one, although quite a number of leading obstetricians are decidedly opposed to a too liberal extension of the scope of the operation. It is a great pity that the metric system is not generally adopted by scientific writers in this country, as it is on the Continent of Europe; if it were, such deplorable misunderstandings as this could not readily happen; but as long as our leading men persist in using an obsolescent system, the case seems to be almost hopeless.

Very respectfully,

W. Winterberg.

San Francisco, Cal.

A METHOD OF APPLYING TINCTURE OF IODIN.

To the Editor of The Medical News,

Sir: I have found the following method of employing iodin topically of service: Take a piece of gutta-percha tissue and give it three or more coatings of tincture of iodin; let it dry, and apply the tissue in the selected locality, with the iodin coating turned toward the skin, and secure it with a roller bandage. In this way the good results of the topical application of iodin may be secured without smarting, a matter of importance in the case of children and weak persons. The application may be repeated daily.

M. Iversen.

Stoughton, Wis.

COLD IN THE TREATMENT OF PNEUMONIA.

To the Editor of The Medical News,

Sir: My last paper on "Ice-cold Applications in Acute Pneumonia" contained a record of seventy-four cases so treated with only two deaths. Being desirous of making a full collective report on this subject, I take the liberty of asking those who have tested this measure to furnish me kindly the result of their experience with it. Full credit will be given to each correspondent in the report that I hope to publish.

Respectfully,

Thomas J. Mays.

1809 Spruce St., Philadelphia.

NEWS ITEMS.

The Association of Military Surgeons of the United States will hold its fifth annual meeting at Buffalo, N. Y., May 21, 22, and 23, 1895. An address of welcome to the city of Buffalo will be delivered by Mayor Edgar B. Jewett; an address of welcome to the State by Governor Levi P. Morton; an address on behalf of the medical profession by Dr. Roswell Park; an address by the President of the Association, Dr. George M. Sternberg.

The following papers have already been promised for this meeting, and others are expected: "Report on the Status of the National Guard," by Dr. Nelson H. Henry. "Experiments Illustrating the Degree of 'Powder-Burn' as Modified by the Distance of the Object, Size, and Conformation of the Bore, Amount and Standard of the Powder, and other Practical Demonstrable Causes," by Dr. Louis A. La Garde. "The Location and Removal of Missiles from the Cranial Cavity," by Dr. George R. Fowler. "Discussion on the Report of the Committee on 'Litter,'" by Drs. John Van R. Hoff and E. T. T. Marsh. "Ambulance-Construction," by Drs. Dallas Bache and Charles R. Greenleaf. "Conservative Surgery on the Battlefield," by Dr. Nicholas Senn. "The Relation of Concentrated Food to Active Service Demands," by Dr. Charles Smart. "The Location of Sites for and the Construction of Military Posts in Relation to Proper Sanitation," by Dr. Dallas Bache. "The Relation of Naval Architecture to Proper Sanitation," by Dr. J. R. Tryon. "On the Value of Bromin in Military Surgery," by Dr. M. O. Terry. "The Handling and Care of Wounded on Shipboard," by Drs. A. C. H. Russell, E. R. Stitt, and A. M. D. McCormick. "The Post Exchange from a Medical Standpoint," by Dr. Philip F. Harvey. "Infected Bullets," by Dr. Louis A. La Garde. "Fifty-two Amputations of the Thigh," by Dr. John D. McGill. "Instruction of the Hospital Corps," by Dr. H. S. Turrill. "Upon the Surgeons-General of the Militia," by Dr. George Cook. "Field Hospital Service," by Dr. Dallas Bache. "Some Experimental Work with the New Ball," by Dr. J. D. Griffith. "Gunshot Wounds of the Kidneys," by Dr. A. L. Wright. "On the Travois Litter," by Dr. Wladimir F. De Niedman. "Details Regarding the Medical Service of the National Guard of the State of New York during the Buffalo Strikes of 1893," by Dr. Lewis Balch. "Details Regarding the Medical Service of the National Guard of the State of New York during the Recent Brooklyn Strikes," by Dr. William E. Spencer. "Details Regarding the Medical Service of the National Guard of the State of Illinois during the Recent Chicago Strike," by Dr. Charles Adams. "Method of Caring for Wounded on the Field and in Hospitals of Chinese and Japanese Armies," by Dr. C. U. Gravatt. "A Consideration of Scorbutic Manifestations in Young Subjects," by Dr. John C. Wise. "Asepsis in Military Service," by Dr. Eduard Boeckmann. "A Medical Officer in the Volunteer Army," by Dr. F. W. Byers. "The Merriam Pack," by Dr. Lewis Balch. "Measures for the Prevention and Suppression of Dangerous Contagious Diseases in Garrison and in the Field," by Dr. H. Lincoln Chase. "The Effects and Treatment of Heat and Sunstroke at Camps of Instruction," by Dr. Orlando J. Brown. "The Mental Evolution of the Citizen-soldier," by Dr. Charles W. Galloupe, "Report on Diagnosis Tag for Field Use," by Dr. William H. Forwood.

The Ohio State Pediatric Society will hold its first annual meeting on May 15th, in parlors of the Neil House, on High Street, opposite the State House, Columbus. The program will include an address by Dr. J. L. McCurdy,

of Dennison; an address by Prof. A. Jacobi, of New York; a paper on "Masturbation," by Dr. J. Park West, of Bellaire; a paper on "The Care of the Ear in Acute Infectious Diseases of Childhood," by Dr. T. V. Fitzpatrick, of Cincinnati; a paper on "Calcareous Degeneration of the Smegma Præputium," by Dr. R. Harvey Reed, of Columbus; an address by Dr. George M. Clouse, of Columbus.

The American Academy of Medicine will hold its twentieth annual meeting in Levering Hall, Johns Hopkins University, Baltimore, on May 4 and 6, 1895. Physicians and others who may be interested in the topics treated by the papers are cordially invited to attend. The following is the scientific program arranged: "Contract Medical Work and Fees," by Dr. C. P. Knapp, Wyoming, Pa.; "The Economics of Prostitution," by Dr. Woods Hutchinson, Des Moines, Ia.; "A Perfect Consultation," by Dr. L. Duncan Bulkley, New York; "The Limits of a Physician's Duty to the Dependent Classes," by Dr. James W. Walk, Philadelphia; "Criminal Anthropology," by Dr. E. V. Stoddard, Rochester, N. Y.; "Hospital Management," by Dr. W. L. Estes, South Bethlehem, Pa.; "The Emergency Hospital; with a Plea for Municipal Government," by Dr. Walter L. Pyle, Washington, D. C.; "How to Reform the Dispensary Abuse," by Dr. Emma B. Culbertson, Boston; "Hospitalism," by Dr. George M. Gould, Philadelphia; "The Economic Aspect of American Charities," by Dr. Bayard Holmes, Chicago; "Drifting: Who—How—Whither?" by Dr. Leartus Connor, Detroit; "Rudimentary Preparation, Compared with Higher Education for Specialties, in Medicine and Surgery," the President's Address, by Dr. J. McFadden Gaston, Atlanta; "Is the Recitation-method of Teaching a Success in Medical Colleges?" by Dr. Edwin F. Wilson, Columbus, O.; "Clinical Instruction as Conducted in the University Hospital, Ann Arbor, Michigan," by Dr. W. J. Herdman, Ann Arbor; "Further Observations upon the Effects of Medical Legislation in the United States," by Dr. Perry H. Millard, St. Paul; "The Proper Teaching of Physiology in the Public Schools as a Means of Preventing Intemperance and Venereal Disease," by Dr. De Lancey Rochester, Buffalo; "Expert Testimony," by Dr. Henry Leffmann, Philadelphia; "The Problem of Dependency as Influenced by the Chinese in America," by Dr. W. F. Southard, San Francisco; "What Shall We Do with our Alcoholic Inebriate?" by Dr. J. W. Grosvernor, Buffalo; "Life-Insurance in its Relation to one of the Dependent Classes," by Dr. E. O. Bardwell, Emporia, Pa., "What Agencies Conspire to Check Development in the Minds of Children," by Dr. J. Madison Taylor, Philadelphia; Some Limitations to Curative Work in State Hospitals for the Insane," by Dr. Charles B. Mayberry, Danville, Pa.; "The Increase of Insanity," by Dr. Gershom H. Hill, Independence, Iowa; "The Need of More Medical Reference Libraries, and the Way in which they can be Established," by Dr. Reuben Peterson, Grand Rapids, Mich.

Methodist Episcopal Hospital of Philadelphia.—A competitive examination for three resident physicians will be held at the Methodist Episcopal Hospital, South Broad Street below Wolf, Philadelphia, on Thursday, May 2d, at 7.30 P.M. The respective terms of service will begin July 1st for twelve months, August 1st for thirteen months, and September 1st for fourteen months. Competition is open to both sexes, but the candidates are required to have the degree of A.B. from some reputable college or university, and must obligate themselves to accept the position if appointed. Further information can be obtained from the Chairman of the Examining Committee, Dr. J. Hendrie Lloyd, 3910 Walnut Street.

The Medical Society of the State of Pennsylvania will hold its forty-fifth annual meeting at Chambersburg, on May 21, 22, 23, and 24, 1895. The Address on the Practice of Medicine will be delivered by Dr. I. C. Gable, of York; the Address on Surgery, by Dr. C. L. Stevens, of Athens; the Address on Obstetrics, by Dr. W. B. Ulrich, of Chester; the Address on Mental Disorders, by Dr. F. X. Dercum, of Philadelphia; the Address on Otology, by Dr. L. H. Taylor, of Wilkesbarre; the Address on Hygiene, by Dr. Hildegarde N. Longsdorf, of Dickinson.

Death of an Advanced Centenarian.—The Indian *Medical Record* is responsible for the statement that Lieutenant Nicolas Lavin, of the Grande Armée, died some time ago at the age of one-hundred-and-twenty-five years, leaving a daughter of seventy-eight years. He was born in Paris in 1768, served as a hussar through a number of campaigns, and was taken prisoner in 1812 during Napoleon's retreat from Moscow. On his liberation he married and settled down at Saratoff.

Dr. Winfield Scott Hall has been elected Davis Professor of Physiology in the Northwestern University Medical School of Chicago, from which institution he was graduated in 1891. He has been a resident physician in Cook County Hospital and professor of physiology in Haverford College, Pa. He has been abroad for nearly three years, and will return in the autumn to assume the duties of his new position.

The Buffalo Medical and Surgical Journal will signalize its approaching semi-centennial anniversary by increasing its reading-pages from 64 to 80, and by making other improvements that will contribute to its efficiency and keep it abreast of the professional progress of the period. The *Journal* belongs in the class of medical publications that reflect honor and credit on the profession.

Class-reunion.—It is proposed to have a reunion of the Class of 1874 of Jefferson Medical College, on the evening of May 10th, in Philadelphia. Members of the Class who have not received an announcement will please forward their names to Dr. E. E. Montgomery, 1715 Walnut Street, Philadelphia.

BOOKS AND PAMPHLETS RECEIVED.

Catalogue, Law School, Mercer University, Macon, Georgia, 1893-1894.

Difficult Labor. A Guide to its Management, for Students and Practitioners. By G. Ernest Herman, M.B. Lond., F.R.C.P. New York: William Wood & Co., 1894.

Traumatic Paralysis of the Abducens Nerve. By Dr. O. Purtscher. Translated by Harry Friedenwald, M.D. Reprinted from the Archives of Ophthalmology, 1894.